



# 2015 Progress Report

April 2015

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# Introduction

This report documents the progress Iowa is making in implementing *Healthy Iowans: Iowa's Health Improvement Plan 2012-2016*; an assessment of progress is based on survey responses to questions from the partners who contributed to the plan's development.

The statewide plan, first published in May 2012, was the culmination of nearly two years of work by more than 500 members in advisory committees and task forces, state departments, local public health agencies, non-profit associations, universities, and professional associations. This broad-based partnership served to connect health planning efforts that already were underway in the private and public sectors. Partners submitted objectives along with strategies and resources to improve the health of Iowans over five years; they also agreed to take steps to implement the plan and report yearly progress. Public comments constituted the final step in plan development. The Iowa Department of Public Health served as the coordinating agency for the document: [www.idph.state.ia.us/adper/healthy\\_iowans.asp](http://www.idph.state.ia.us/adper/healthy_iowans.asp).

Central to the plan are 39 critical needs selected through a process that began in all 99 counties (see Appendix A). The critical needs are organized into nine topic areas. The topic areas, in turn, are comprised of two sections. First, measures of progress are featured alongside baseline data and general objectives to be achieved by 2016. The second section provides details submitted by partners that explain what they are doing to achieve the objectives. Also included in this section are names of the organizations responsible for carrying out the strategies.

To maintain the plan's relevance in responding to challenges that have emerged since 2012 publication, each year the Iowa Department of Public Health has asked contributing partners to report progress, identify barriers impeding the progress, and suggest changes in the objectives/strategies in the improvement plan. Yearly revisions to the plan reflect those changes: ([www.idph.state.ia.us/adper/healthy\\_iowans.asp](http://www.idph.state.ia.us/adper/healthy_iowans.asp)). Because measures of progress are slated to be achieved over a five-year period (2012-2016), a report on these measures will be issued in 2016. When available, data for the measures have been updated to reflect the most current information available.

When asked to assess 2014-2015 progress in achieving the objective/strategy, 70% of respondents said that they were making progress in taking action (55%) or had completed taking the action (15%). About 19% reported that they were making some progress, but it was behind schedule; nearly 11% reported no progress.

Based on answers to the question about how *Healthy Iowans* has been used in their agency, respondents considered coordinating efforts with other groups most valuable (60%) followed by preparing grants or other funding requests (40%), linking to other planning documents (24%), and guiding policy development (21%). Other responses (9%) were so varied they could not be classified.

The following are highlights of a number of advances that have been made in implementing objectives and strategies in the plan and some of the roadblocks inhibiting progress in 2014-2015.

## Significant Advances to Improve Iowans' Health

### Access to Quality Health Services and Support

- According to the most recent U.S. Census data, 92% of Iowans are covered by health insurance.
- Patient-Centered Medicaid Health Homes services are available in 37 counties with the possibility of members in other counties enrolling in this service. The purpose of these services is to coordinate and provide enhanced patient-centered care.
- Non-emergency medical transportation for Medicaid members is being maintained at a high level; this important service assists members in keeping their appointments.

### Acute Disease

- Almost 82% of children between 19-35 months of age have received the universally recommended vaccines to protect them from life-threatening disease.
- Immunization data also shows an increase in Tdap and MCV coverage for adolescents between the ages of 13 and 17. Figures for Tdap are 80% coverage, and for MCV, coverage is 64%.
- The foodborne illness reporting hotline ensures attention to systematic evaluation and remediation. There has been a nearly 30% increase in the number of reported foodborne illness complaints/outbreaks for the period from 2011-2014.

### Addictive Behaviors

- The Iowa Youth Survey has documented a reduction in alcohol use, prescription drug abuse, and marijuana use among 11<sup>th</sup> grade students.
- Cigarette smoking among 11<sup>th</sup> graders has dropped from 17% in 2010 to 10% in 2014.
- Strong methamphetamine precursor regulations and other initiatives have resulted in the lowest number of methamphetamine labs in 17 years.

### Chronic Disease

- The proportion of persons with high blood pressure taking their medication has increased beyond projections. In 2013, 78% of persons with high blood pressure are taking their medication, a figure that can be compared with the Healthy Iowans' target of 75%.

- Coronary heart disease and stroke deaths have declined. For heart disease, the age-adjusted rate was 116/100,000 in 2013 compared to the baseline of 126/100,000 in 2010. Deaths attributed to stroke declined from 38/100,000 in 2010 to 33/100,000 in 2013.
- Improvement in the appropriateness of prescribing anti-psychotic medication for long-stay nursing home residents without excluded conditions is reflected in a reduction of anti-psychotic medication use. Figures show a 3% reduction.
- Medicare annual wellness visits have increased dramatically, ensuring early attention to such chronic diseases as Alzheimer's disease and other dementias. The preliminary 2014 figure of 48,406 can be compared with the 2012 figure of 32,504.
- The percentage of men and women aged 50 and older having a cancer screening has increased from 64% to 67%.
- There has been a decrease in the age-adjusted rate of the incidence of all cancers as well as cancer deaths. The most recent CDC figure for cancer deaths was 168/100,000; this figure compares with the baseline figure of 177/100,000. The most recent data for cancer incidence was 475/100,000; this figure compares with the baseline of 489/100,000.

## **Environmental Health**

- Evidence that the air pollution reduction strategy is working includes lower emissions, improvement in air quality, and an expectation that national standards for PM2.5 (fine particles in the air) will be met in early 2017.
- The Iowa Department of Natural Resources has reduced exposure to elevated levels of nitrates in drinking water. Under the Grants-to-Counties program, 30% of the 6,400 private wells analyzed had nitrate contaminants above the maximum level. Users were assisted with making informed decisions to improve the quality of their water.
- Blood lead testing for nearly every child continues to remain very close to achievement, a result of a legislative mandate requiring all children to have at least one lead test before school age.

## **Healthy Living**

- As a result of a private-public partnership, school-based dental sealant programs have expanded to 77 counties.
- The goal of reducing pregnancy rates among adolescent females, ages 15-17, from 14.4 per 1,000 pregnancies to 13 per 1,000 pregnancies has been met.
- In the 2016 school year, rules will take effect requiring all children enrolled in public or non-public schools to have vision screening at least once before enrollment in kindergarten and again before enrollment in third grade.

- The overall goal of reducing the percent of students who have 10 or more absences by 10% has been met, an indication that preventive services may be having some effect.
- WIC participants are taking greater advantage of access to farmers' markets to purchase fruits and vegetables by redeeming checks issued for this purpose. Redemption rate increased from 52% to 55%.
- The percentage of infants with hearing loss enrolled in screening intervention no later than 6 months of age significantly increased from 21% in 2012 to 67% in 2013. Early intervention can have a major effect on reducing hearing loss.

### **Injury and Violence**

- An improved database for the ATV-related crash and injury surveillance system that includes recreational and work-related crashes, injuries, and fatalities has led to more targeted health promotion efforts.

### **Mental Health and Mental Disorders**

- Mental Health and Disability Service Regions are fully operational and building access to the required set of core services for adults with mental illness and/or intellectual disabilities.
- The newly organized Iowa Association for Infant and Early Childhood Mental Health has funding to improve the social, emotional, and behavioral health of young children and their families.

### **Preparedness and Response**

- The number of counties with one general shelter fully accessible to persons with disabilities has increased from 12 to 17.
- There are 92 counties taking part in preparedness coalitions that can provide a comprehensive, sustained response to public health emergencies.

## Major Roadblocks for Improving Iowans' Health

### Access to Quality Health Services and Support

- State-recognized credentials and licensing of direct care workers, the largest group of health care professionals, have reached an impasse.
- Public transit agencies are not being called upon by community health groups and human service organizations to apply for and utilize State Transit Assistance Special Project funds for non-emergency medical transportation needs.

### Acute Disease

- Lack of funding has restricted development of the capacity to detect and confirm novel antimicrobial resistance mechanism to prevent transmission of difficult-to-treat pathogens.
- Less than 50% of adults received an influenza immunization.

### Addictive Behaviors

- The percentage of adults who are current smokers has remained steady with only a slight decline from baseline.
- Iowa's Smokefree Air Act of 2008 does not cover casinos; employees are exposed to second-hand smoke.

### Chronic Disease

- The proportion of persons with diabetes who report receiving dilated eye exams has declined.
- The percent of persons diagnosed with AIDS within a year of their HIV diagnosis has increased.

### Environmental Health

- Except for lead, funding is not available to support a database for assessing potential environmental exposure to metals such as arsenic; support for the lead program also has diminished.
- Until the quality of radon data is improved, progress cannot be made in tracking and communicating the associated health risks.



## Healthy Living

- The proportion of adults who get the recommended levels of aerobic physical activity has dropped. In 2013, 71.5% reported some sort of physical activity for exercise, compared with 77% in 2012.
- The proportion of adults who are obese has increased from 29% in 2011 to 31% in 2013.
- Increasing the proportion of Iowans who receive fluoridated water from water systems that meet national standards continues to be a challenge.
- The rate of reported cases of gonorrhea has increased from 48/100,000 in 2013 to 53/100,000 in 2014.

## Injury and Violence

- Bullying continues to be a major problem in the public schools. The most recent survey of students in grades 6, 8, and 11 showed that 54% reported being bullied, a percentage that had declined slightly from 57% in 2012.
- There has been no improvement in the percentage of Iowans 16 years or older who have elevated blood lead levels—a risk for acute and chronic disease.
- Although farming is considered a hazardous occupation, a comprehensive surveillance system to track farm injuries, illnesses, and fatalities is lacking.
- The state continues to have higher rates of deaths from work-related injuries than the country as a whole. Preliminary 2013 data indicates the state rate as 4.7/100,000 for full-time employees compared with the national rate of 3.4/100,000 in 2012.

## Mental Health and Mental Disorders

- The percent of 11<sup>th</sup> graders who seriously consider attempting suicide has increased from 14% in 2010 to 16% in 2014.
- More collaborative efforts are needed to support a statewide partnership system of care between medical providers and community-based agencies around mental and behavioral services for children ages birth to 5.

# Acknowledgments

Approximately 122 staff members from private and public sector groups worked on the plan and submitted progress reports. Their efforts are greatly appreciated. The following is a list of contributing organizations and advisory groups:

- [1st Five Healthy Mental Development Initiative](#)
- [Advisory Council on Brain Injuries](#)
- [Alzheimer's Association](#)
- [American Lung Association in Iowa Asthma Coalition](#)
- [American Lung Association in Iowa COPD Coalition](#)
- [Arthritis Foundation](#)
- [Center for Disabilities and Development, U of Iowa Hospitals and Clinics](#)
- [Center for Rural Health and Primary Care Advisory Committee](#)
- [Child Health Specialty Clinics](#)
- [Congenital and Inherited Disorders Advisory Committee](#)
- [Delta Dental of Iowa Foundation](#)
- [Direct Care Worker Advisory Council](#)
- [Early Childhood Iowa](#)
- [Early Hearing Detection Advisory Committee](#)
- [Easter Seals of Iowa](#)
- [Family Planning Council of Iowa](#)
- [Farm Safety For Just Kids](#)
- [Healthiest State Initiative](#)
- [Healthy Homes and Lead Poisoning Prevention Advisory Committee](#)
- [Iowa Academy of Ophthalmology](#)
- [Iowa Antibiotic Resistance Task Force](#)
- [Iowa Army National Guard](#)
- [Iowa Breastfeeding Coalition](#)
- [Iowa Cancer Consortium](#)
- [Iowa Department of Agriculture and Land Stewardship](#)
- [Iowa Department of Corrections](#)
- [Iowa Department of Education](#)
- [Iowa Department of Human Services](#)
- [Iowa Department of Natural Resources](#)
- [Iowa Department of Public Health](#)
- [Iowa Department of Public Safety](#)
- [Iowa Department of Transportation](#)
- [Iowa Department on Aging](#)
- [Iowa Economic Development Authority](#)
- [Iowa e-Health Executive Committee and Advisory Council](#)
- [Iowa Emergency Medical Services Advisory Council](#)
- [Iowa Falls Prevention Workgroup](#)
- [Iowa Healthcare Collaborative](#)
- [Iowa Immunization Coalition](#)
- [Iowa KidSight](#)
- [Iowa Medicaid Enterprise](#)
- [Iowa Office of the State Medical Examiner, Iowa Department of Public Health](#)
- [Iowa Optometric Association](#)
- [Iowa's Center for Agricultural Safety and Health](#)
- [Iowa Statewide Poison Control Center](#)
- [Iowa Tobacco Prevention Alliance](#)

- Iowa's Intimate Partner Violence/Sexual Violence Prevention Advisory Group
- [March of Dimes](#)
- Maternal and Child Health Advisory Committee
- [Office of Drug Control Policy](#)
- [Office of Minority and Multicultural Health Advisory Council](#)
- [Patient-Centered Health Advisory Council](#)

- [Prevent Blindness Iowa](#)
- [Prevention of Disabilities Policy Council](#)
- [Project Launch](#)
- [Reach Out and Read Iowa](#)
- [State Hygienic Laboratory at U of Iowa](#)
- [Tobacco Use Prevention and Control Commission](#)
- [University of Iowa College of Public Health](#)
- [University of Iowa Department of Emergency Medicine](#)

# Access to Quality Health Services and Support

## What Critical Needs Are Included

Affordability/Insurance  
Availability and Quality of the Health Care Workforce  
Health Care Quality  
Transportation



## Measures of Progress

**1-1 An increase in the proportion of people with health insurance.**

Target: 100%.

Baseline: 88% (2009-2010).

Most recent data: 92% (2013).

Data Source: [U.S. Census Bureau. Health Insurance Main, Latest Release, Detailed Tables: Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2013.](#)

**1-2 An increase in the number of direct care professionals<sup>1</sup> in the state.**

Target: 83,000.

Baseline: 73,214 (2012).

Most recent data: 78,009 (2014 estimate).

Data Source: [Direct Care worker \(DCW\) Advisory Council Report to Legislature - March 2012](#), p. 8.

**1-3 An increase in the proportion of people who have one person as a health provider.**

Target: 82.5%.

Baseline: 75% (2011).

Most recent data: 74% (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 17.

<sup>1</sup> A direct care professional is an individual who provides supportive services and care to people experiencing illnesses or disabilities, and who receives compensation for such services. This definition excludes nurses, case managers, and social workers. Direct care professionals provide hands-on care and support to individuals of all ages in settings ranging from services in-home and community-based settings to acute care in hospitals.

- 1-4 An increase in the proportion of children whose parents report adequate<sup>2</sup> health insurance.**  
 Target: 86%.  
 Baseline: 78% (2007).  
 Most Recent Data: 80% (2011-2012).  
 Data Source: [Indicator 3.4, National Survey of Children's Health](#).
- 1-5 An increase in the number of counties that assess implementation of the Emergency Medical (EMS) System Standards.**  
 Target: 99 counties.  
 Baseline: 70 counties (2013).  
 Data Source: [EMS System Standards Progress Report](#), July 2013.
- 1-6 A continuation of the same level of non-emergency medical transportation services to medical appointments for the anticipated increase in Medicaid members.**  
 Target: 1.14%.  
 Baseline: 1.14% (2011).  
 Most Recent Data: 1.2% (2014)  
 Data Source: [Iowa Medicaid, Non-Emergency Medical Transportation \(NEMT\) Statistics](#), Stats: January 1 - December 31, 2014.

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Affordability / Insurance	Lead Organizations
<p>1-1.1 Provide local boards of health and local public health agencies in Iowa with information and tools necessary to prepare for changes in the health care delivery system and to implement the changes in response to the Affordable Care Act<sup>3</sup> and the new health care environment.</p> <p><b>Progress:</b> This is an ongoing objective. Information/tools provided to local agencies include weekly updates on the Affordable Care Act-related topics in Iowa, a monthly factsheet pulling out the key information and links, the Check Up newsletter which describes the progress of health reform in Iowa, and answering questions from local agencies.</p>	<p>Iowa Department of Public Health</p>

<sup>2</sup> Adequacy criteria include: the child's health needs are met; the child is allowed to see needed providers; and out-of-pocket expenses are reasonable.

<sup>3</sup> The [Affordable Care Act](#), signed into law in 2010, calls for major changes in the health care system and in health insurance.

## Availability and Quality of the Health Care Workforce

## Lead Organizations

1-1.2 Provide state-recognized credentials to at least 60,000 professionals.\*

Direct Care Worker Advisory  
Council

**No progress:** Prospects for credentialing and licensing are not viable.

(This objective/strategy will be deleted in the revised Healthy Iowans plan.)

1-1.3 Increase training for students in direct care programs to work with persons with disabilities.

Prevention of Disabilities Policy  
Council

**Progress:** The University of Iowa annually offers a learning laboratory to students in the colleges of nursing and medicine to practice communication skills with patients of varying disabilities. They also learn how to accommodate various physical disabilities in a simulated clinical visit setting. Over the last year, they have offered a similar program to Des Moines University.

## Health Care Quality

## Lead Organizations

1-1.4 Develop a statewide, coordinated long-term care information and service system.

Iowa Department on Aging

**Progress:** There is an established statewide, coordinated long-term care information and service system, but we continue to move towards integration of several different systems into a singular system. It is anticipated that this enhanced version will be completed during 2015.

1-1.5 Increase the number of safety net and rural providers connected to the Iowa Health Information Network<sup>4</sup> from 0 to 50<sup>5</sup> so that service providers can communicate with each other in exchanging health records electronically.

Iowa e-Health Executive Committee  
and Advisory Council

**Progress:** Iowa e-Health has focused energy on increasing the number of safety net and rural organizations connected to the Iowa Health Information Network (IHIN). Our progress has been good. We currently have 30 federally qualified health centers and rural health centers connected for IHIN services.

<sup>4</sup> The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.

<sup>5</sup> The initial focus will be on large health systems and primary care providers along with federally qualified health centers.

- 1-1.6 Increase the spread of the community application of the Iowa Physician Orders for Treatment (IPOST).<sup>6</sup>

Iowa Healthcare Collaborative; Iowa  
Department of Public Health

**Progress:** Iowa Healthcare Collaborative and Iowa Department of Public Health staff members have traveled all over the state to provide educational sessions on what IPOST is and how to implement it into communities. Staff members have also provided education to various agencies on the benefits of IPOST for their patient community. The State of Iowa IPOST task force conducted two IPOST usage surveys, which yielded baseline data for the state. One example of the spread of IPOST use is from the University of Iowa Children's Hospital, where 39 IPOST forms were completed for children from 24 counties.

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- 1-1.7 Produce policy recommendations and strategies to reform the health care payment system. Rather than be reimbursed by the volume of services they provide, providers will be reimbursed for providing care coordination and delivering quality services that are proven to keep people healthy, reduce errors, and help avoid unnecessary care.

Patient-Centered Health Advisory  
Council

**Progress:** This is an ongoing task. The Patient-Centered Health Advisory Council discusses the health care payment system at their meetings. This is an evolving task with initiatives such as the State Innovation Model and Accountable Care Organizations in Iowa.

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- 1-1.8 Evaluate approaches used to implement the TeamSTEPPS<sup>7</sup> quality improvement program in Iowa community hospitals.

U of Iowa College of Public Health

**Completed:** Team STEPPS is a teamwork system jointly developed by the federal Department of Defense and the Agency for Healthcare Research and Quality to improve patient safety, communication, and teamwork skills among health care professionals. The University of Iowa College of Public Health conducted retrospective interviews with 22 hospitals that received TeamSTEPPS training prior to 2010, recruited 17 Iowa Critical Access Hospitals into a prospective study, and conducted site visits quarterly for two years to monitor their progress in implementing the TeamSTEPPS quality improvement program. Progress varied among the hospitals in terms of the approaches they took to training hospital staff and implementing TeamSTEPPS safety tools. Factors identified as related to greater progress included an implementation process shared by leadership and frontline staff, the active involvement of a key person taking on the role of facilitation, and more deliberation during the planning stage.

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<sup>6</sup> On July 1, 2012, the Iowa Physician Orders for Scope of Treatment (IPOST) was signed into law enabling the use of the IPOST form for all Iowa citizens who are frail and elderly or who have a chronic, critical medical condition or a terminal illness and for which a physician orders for scope of treatment is consistent with the individual's goals of care. The form, signed by the patient and attending physician or nurse practitioner, records the patient's preferences for life-sustaining treatment when the patient is unable to make health care decisions.

1-1.9 Establish a statewide, patient-centered medical home<sup>8</sup> system.\*

Patient-Centered Health Advisory  
Council

**Progress:** Patient-Centered Medicaid Health Homes continue to grow. At this time, the service is available in 37 counties. Members living in neighboring counties also may be able to enroll in this service. However, there is not a statewide patient-centered medical home "system" (see [Map of Counties with Health Home Services](#)).

1-1.10 Assist counties in reducing the burden on the administrative volunteer EMS community and providing a quality, efficient, and effective EMS that is responsive to the organizational needs noted in their EMS System Standard Self-Assessment.

Emergency Medical Services Advisory  
Council

**Progress:** In 2014, there were four workshops held across Iowa to educate EMS providers about EMS System Standards; 59 participants attended the training.

## Transportation

## Lead Organizations

1-1.11 Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.

Iowa Department of Transportation

**No Progress:** No public transit agencies have applied for this funding in the past year for this purpose. One possible challenge might be the public health agencies and medical center's lack of awareness of public transit and its availability. Public transit agencies are available to coordinate with these agencies to help fulfill non-emergency medical transportation needs.

1-1.12 Promote the non-emergency medical transportation services that are available for Medicaid members through training, presentations, and other channels.

Iowa Medicaid Enterprise

**Completed:** During 2014, services were promoted at four public meetings. Results of the promotion efforts are demonstrated by the fact that non-emergency medical transportation services for Medicaid members continue to remain at a higher level than the 2011 baseline level.

<sup>7</sup> Team STEPPS is a teamwork system jointly developed by the Department of Defense and the Agency for Healthcare Research and Quality to improve patient safety, communication, and teamwork skills among health care professionals.

<sup>8</sup> A medical home is comprised of a primary care team of health professionals working to coordinate and provide enhanced patient-centered care.



## **Other Plans Relating to Access to Quality Health Services and Support:**

[Iowa Cancer Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa State Plan on Aging 2014-2015](#)

[State Health Care Innovation Plan](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

# Acute Disease

## What Critical Needs Are Included

Immunization and Infectious Disease  
Outbreak Management and Surge Capacity

## Measures of Progress

- 2-1 An increase in the annual influenza coverage levels for all Iowa hospital employees.**

Target: 95%.

Baseline: 92% (2010-2011).

Most Recent Data: 90% (2013-2014).

Data Source: [Iowa Healthcare Collaborative Report](#).

- 2-2 An increase in the immunization coverage for all universally recommended vaccines for the following populations:**

**Children 19-35 months of age.**

Target: 90%.

Baseline: 77% coverage of 4:3:1:3:3:1:4<sup>9</sup> series (2009).

Most Recent Data: 82% (2013).

Data Source: [CDC National Immunization Survey](#).



<sup>9</sup> For children aged 19-35 months and referring to the recommended doses of: diphtheria/tetanus/pertussis-containing vaccine (4), polio (3); measles/mumps/rubella-containing vaccine (1); plus  $\geq 2$  or  $\geq 3$  doses of haemophilus influenza type b (Hib) vaccine depending on brand type (primary series only)(3), 3+ doses of hepatitis B vaccine (3), 1+ doses of varicella vaccine (1), and 4+ doses of pneumococcal conjugate vaccine (4).

**Adolescents.**

Target: 90%.

Baseline: 71% coverage for 1 dose of Tdap; 46% coverage for MCV; 42% female coverage for HPV; no baseline for male coverage for HPV (2009)<sup>10</sup>.

Most Recent Data: 80% coverage for 1 dose of Tdap; 64% coverage for MCV; 42% female coverage for HPV; 14% male coverage for HPV (2013).

Data Source: [CDC National Immunization Survey](#).

**2-3 All adults.**

Target: 90%.

Baseline: 47% received an influenza immunization in the last 12 months; 31% had ever received a pneumonia vaccination (2011).

Most Recent Data: 46% received an influenza immunization in the last 12 months; 34% had ever received a pneumonia vaccination (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 69.

**2-4 Adults age 65 and over.**

Target: 90%.

Baseline: 70% received an influenza immunization in the last 12 months; 71% had ever received a pneumonia vaccination (2011).

Most Recent Data: 67% received an influenza immunization in the last 12 months; 73% had ever received a pneumonia vaccination (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 69.

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<sup>10</sup> Tdap = tetanus/ diphtheria/pertussis-containing vaccine; MCV = meningococcal conjugate vaccine; HPV = human papillomavirus vaccine.

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

### Immunization and Infectious Disease

### Lead Organizations

- 2-1.1 Work with health care providers to reduce by 50% indigenous<sup>11</sup> cases of vaccine-preventable diseases.

Iowa Department of Public Health;  
Iowa Immunization Coalition

**Progress:** In 2009, there were 334 vaccine-preventable diseases cases reported to the Iowa Department of Public Health compared to 248 cases in 2014. Comparing 2009 and 2014 data, the number of vaccine preventable disease cases decreased by 86 cases or 26%. Reportable vaccine preventable diseases include diphtheria, hepatitis A (viral, infectious), hepatitis B (Serum) acute, hepatitis B - perinatal, haemophilus influenza type B - invasive disease, measles (rubeola), mumps, influenza (deaths), pertussis (whooping cough), poliomyelitis, rubella (German measles), and tetanus. Information regarding vaccine-preventable disease rates is available at [Reports: Diseases by Year \(Updated Dec 2014\)](#).

- 2-1.2 Increase the use of the Iowa Health Information Network<sup>12</sup> (IHIN) to report disease and immunization records. \*

Iowa e-Health Executive Committee  
and Advisory Council

**Progress:** Of the 49 organizations registered to submit data to the Iowa Disease Surveillance System (IDSS) via the IHIN, there are currently 8 organizations submitting data (up from 0 organizations during 2013). Nine organizations have finished smartLab mapping and 13 have sent test messages to IDSS. Furthermore, 6 organizations are in parallel testing at this time. IHIN's approach to enable electronic submission of data via the IHIN to the Immunization Registry Information System (IRIS) has changed. This is no longer happening. Organizations wishing to submit electronic data to IRIS do so directly with the IRIS program, bypassing the IHIN.

<sup>11</sup> Indigenous diseases are diseases that occur in the United States and are not brought in from other countries.

<sup>12</sup> The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.

2-1.3 Continue to annually measure the influenza vaccination coverage of hospital employees.

Iowa Healthcare Collaborative

**Completed:** Annually, the Iowa Healthcare Collaborative (IHC) measures the influenza vaccination coverage-level of Iowa hospital employees. IHC expanded the influenza vaccination coverage-measure to include health care workers at long-term care centers and ambulatory centers.

The Iowa hospital health care worker influenza rate for 2013-2014 was 90%. This figure can be compared with the national average of 79%. Hospital health care worker influenza rates are available in the Iowa Report: <http://iowareport.ihconline.org/>. Rates are included for each hospital, as well as the state aggregate rate and the national average for the same reporting period.

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2-1.4 Align efforts to promote antibiotic stewardship in the hospital setting as well as in long-term care facilities.

Iowa Antibiotic Resistance Task Force  
Iowa Department of Public Health

**Progress:** Antibiotic stewardship has been identified as a goal by the State Advisory group for Healthcare Associated Infection Prevention. The Iowa Department of Public Health (IDPH) has aligned efforts for antibiotic stewardship with the Iowa Healthcare Collaborative and the Quality Improvement Organization, Telligen. Material on antibiotic stewardship developed by CDC has been distributed to Iowa hospitals. IDPH coordinated a training for long-term care infection-prevention professionals and the shared antibiotic stewardship material.

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2-1.5 Develop the capacity to detect and confirm novel antimicrobial resistance<sup>13</sup> mechanisms to prevent transmission of difficult-to-treat pathogens.

State Hygienic Laboratory at U of Iowa

**No progress:** Lack of funding to develop and maintain competency in the area of detecting novel mechanisms of antibiotic resistance in bacteria has resulted in no progress.

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<sup>13</sup> Antimicrobial resistance results from the misuse of antibiotics and occurs when microbes develop ways to survive the use of medicines meant to kill or weaken them.

## Outbreak Management and Surge Capacity

## Lead Organizations

2-1.6 Improve the food-borne outbreak reporting system.

Iowa Department of Public Health

**Progress:** The foodborne illness reporting hotline, implemented in 2011 through efforts of the Iowa Department of Public Health (IDPH) and the Department of Inspections and Appeals (DIA), has resulted in a nearly 30% increase in the number of foodborne illness complaints/outbreaks reported from 2011 to 2014. IDPH and DIA are considering methods to further centralize the reporting system for increasing the reporting of foodborne illness throughout the state.

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2-1.7 By 2015, provide training on food-borne outbreak responses that reach all city and county health departments.

Iowa Department of Public Health

**Progress:** In 2014, the Iowa Department of Public Health provided more than 20 infectious disease investigation/epidemiology training opportunities for all city and county health departments. Training opportunities are made available to city and county health departments in alternating regions of the state throughout the year.

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2-1.8 By 2014, increase the use of an after-action review process to evaluate 100% of foodborne outbreak investigations.\*

Iowa Department of Public Health

**Completed:** In 2014, the Iowa Department of Public Health (IDPH) evaluated all small-scale outbreaks with a brief, online after-action review (AAR). Although there were no large-scale outbreaks in 2014, IDPH evaluates all large-scale outbreaks with an in-person AAR.

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## Other Plans Relating to Acute Disease

[Iowa Cancer Plan](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

# Addictive Behaviors

## What Critical Needs Are Included

Alcohol and Binge Drinking  
Drugs  
Tobacco

## Measures of Progress

**3-1 A reduction in current youth alcohol use (grades 6, 8, and 11)**

Target: 16%.

Baseline: 17% (2010).

Most Recent Data: 10% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 100.

**3-2 A reduction in adult binge drinking.**

Target: 21%.

Baseline: 23% (2011).

Most Recent Data: 22% (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 58.

**3-3 A reduction in over-the-counter drug abuse among 11<sup>th</sup> grade students.**

Target: 4%

Baseline: 5% (2010).

Most Recent Data: 5% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 101.

**3-4 A reduction in prescription drug abuse among 11<sup>th</sup> grade students.**

Target: 6%.

Baseline: 7% (2010).

Most Recent Data: 5% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 101.



**3-5 A reduction in current marijuana use among 11th grade students.**

Target: 12%.

Baseline: 13% (2010).

Most Recent Data: 11% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 101.

**3-6 A reduction in current cigarette smoking among 11th grade students.**

Target: 15.5%.

Baseline: 17% (2010).

Most Recent Data: 10% (2014).

Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 100.

**3-7 A reduction in current smoking among adults.**

Target: 17%.

Baseline: 20% (2011).

Most Recent Data: 19.5% (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 53.

**3-8 An increase in the proportion of homes that have rules against smoking.**

Target: 87%.

Baseline: 83% (2011).

Most Recent Data: 82% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 40.

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

### Alcohol and Binge Drinking

### Lead Organizations

- 3-1.1 Fund 23 counties with the highest need for improvement, based on indicators for underage drinking, adult binge drinking, and a combined legal consequences rate.\*

Iowa Department of Public Health

**Completed:** The Strategic Prevention Framework State Incentive Grant, which funded this objective, ended on January 31, 2015.

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3-1.2	Complete a strategic plan for substance abuse prevention in rural areas.	Iowa Department of Public Health
<b>Completed:</b> The Strategic Prevention Framework State Incentive Grant that focused on this effort ended on January 31, 2015.		
3-1.3	Create a community-based services network and support for all aspects of addictions continuum with clear linkages to services for other complex issues.	Iowa Department of Public Health
<b>Progress:</b> This service continues to be ongoing.		
3-1.4	Evaluate Mental Health Parity and Addiction Act implementation by compiling potential parity violations.	National Association of Addiction Treatment Providers
<b>Progress:</b> The final rule on parity has been issued by the federal Department of Health and Human Services in Washington, D.C. (This objective/strategy will be deleted from the revised <i>Healthy Iowans</i> .)		
Drugs		Lead Organizations
3-1.5	Each year, disrupt and dismantle 80 drug trafficking organizations.	Iowa Department of Public Safety
<b>Completed:</b> As special agents with the Iowa Division of Narcotics Enforcement conducted narcotics investigations, they determined if a drug trafficking organization was disrupted and dismantled. Statistical information was then captured to determine the progress in achieving the objective. In 2014, 116 drug trafficking organizations were disrupted and dismantled.		
3-1.6	Provide four Drug-Endangered Children trainings per year to foster a collaborative response to children endangered by parental/caregiver drug abuse, distribution, manufacture, or cultivation.	Office of Drug Control Policy
<b>Progress:</b> Our office partnered with the Iowa National Guard's Midwest Counterdrug Training Center to provide two Drug Endangered Children (DEC) protection trainings to professionals in Ottumwa and Muscatine.		
3-1.7	Initiate and support statewide efforts to reduce methamphetamine manufacturing.	Office of Drug Control Policy
<b>Progress:</b> Iowa methamphetamine laboratory incident-reports from law enforcement totaled 174 in 2014, about 88% fewer than in 2004, immediately prior to the implementation of strong meth precursor regulations and other initiatives, and the lowest number of meth labs in Iowa in 17 years.		

3-1.8 Strengthen controls and increase education on synthetic drugs to reduce accessibility and use by youth.

Office of Drug Control Policy

**Progress:** State and federal legislation has classified dozens of elusive synthetic drug compounds as Schedule I controlled substances; the Iowa Attorney General's Office has successfully begun initiating consumer protection civil actions against sellers of synthetic drug products not yet banned by their specific compound name; and educational efforts continue to raise awareness as evidenced by the growing number of public presentations and public service messages.

## Tobacco

## Lead Organizations

3-1.9 Increase the number of patient referrals sent to Quitline Iowa by health care providers from 8,355 in 2013 to 10,000.\*

Iowa Department of Public Health

**Progress:** In FY 2014, there were 8,992 fax referrals sent to Quitline Iowa by health care providers. Quitline participants totaled 10,516.

3-1.10 Increase from 203 to 230 the number of multi-unit housing complexes that have at least one building with a voluntary 100% smoke-free policy.\*

Iowa Department of Public Health

**Completed:** The Iowa Department of Public Health's Division of Tobacco Use Prevention and Control has been keeping track of properties that adopt a smoke-free policy (a minimum of one building being 100% smoke free with no grandfathered smokers) through a public registry available on the [Smoke-Free Homes website](#). Currently, there are over 400 properties listed. Local contractors in tobacco control work to educate and offer technical assistance to community property managers and owners to go through the process of adopting smoke free policy for their properties. Division staff members are also involved in statewide collaborations with the Iowa Finance Authority and the Landlords of Iowa to promote smoke free policy.

3-1.11 Develop a comprehensive strategy for youth tobacco prevention in Iowa.

Tobacco Use Prevention and Control Commission

**Completed:** The plan was completed as part of the report to CDC.

3-1.12 Support expansion of Iowa's Smokefree Air Act of 2008 to include casinos.

Iowa Tobacco Prevention Alliance

**Some progress but behind schedule:** Despite numerous bills being introduced and numerous amendments being filed to close the casino loophole in Iowa's Smokefree Air Act, the Iowa Legislature has failed to move on the issue.

## **Other Plans Relating to Addictive Behaviors:**

[Iowa Cancer Plan](#)

[Iowa Drug Control Strategy 2015](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

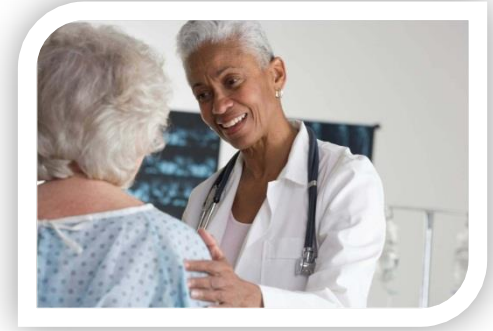
[Iowa Strategic Plan: Strategic Prevention Framework State Incentive Grant](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

# Chronic Disease

## What Critical Needs Are Included

Arthritis, Osteoporosis, and Chronic Back Conditions  
Cancer  
Chronic Infectious Diseases: HIV and Viral Hepatitis  
Diabetes  
Heart Disease and Stroke  
Neurological Disorders  
Respiratory Conditions



## Measures of Progress

**4-1 A decrease in the number of persons with doctor-diagnosed arthritis who experience limitations in activity due to arthritis and other joint symptoms.**

Target: 39%.

Baseline: 44% (2011).

Most Recent Data: 43% (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 63.

**4-2 A decrease in the age-adjusted rate<sup>14</sup> of all cancer deaths.**

Target: 160.4/100,000 (2017).

Baseline: 177/100,000 (2007).

Most Recent Data: 168/100,000 (2013).

Data Source: [CDC Wonder, Compressed Mortality file](#).

<sup>14</sup> An age-adjusted rate is a way of making fairer comparisons between groups with different age distributions.

**4-3 A decrease in the age-adjusted incidence of all cancers.**

Target: 465.6/100,000.

Baseline: 489/100,000 (2007).

Most Recent Data: 475/100,000 (2011).

Data Source: [Iowa Cancer Registry, Invasive Cancer Incidence Rates](#).

**4-4 An increase in cancer screenings for breast, colorectal, and cervical cancer in the following populations:**

**Women aged 50 and older having a mammogram in the past two years.**

Target: 88%.

Baseline: 77.3% (2010).

Most Recent Data: 78% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 47.

**Colorectal cancer screenings for men and women aged 50 and older.**

Target: 70%.

Baseline: 64.1% (2010).

Most Recent Data: 67% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 79.

**Women aged 21 and older having a Pap test within the past three years.**

Target: 92%.

Baseline: 83.9% (2010).

Most Recent Data: 78% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 79.

**4-5 A decrease in the percentage of persons diagnosed with AIDS within a year of their HIV diagnosis.**

Target: 35%.

Baseline: 44% (2009).

Most Recent Data: 48% (2013).

Data Source: [Iowa Department of Public Health HIV/AIDS Slide Sets](#), 2014 End-of-Year Slide Set, p. 3.

- 4-6 An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.**  
Target: 85%.  
Baseline: 77%  
Most recent data: 72% (2013).  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p.35.
- 4-7 An increase in the proportion of persons with high blood pressure who are taking their medication.**  
Target: 75%.  
Baseline: 66% (2009).  
Most Recent Data: 78% (2013).  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 22-23.
- 4-8 A decrease in coronary heart disease deaths.**  
Target: 111/100,000 (age-adjusted rate).  
Baseline: 126/100,000 (2010 age-adjusted rate).  
Most Recent Data: 116/100,000 (2013 age-adjusted rate).  
Data Source: Iowa Department of Public Health, [Heart Disease & Stroke Prevention program profile](#), p. 2.
- 4-9 A decrease in deaths attributed to stroke.**  
Target: 35/100,000 population (age-adjusted rate).  
Baseline: 38/100,000 population (2010 age-adjusted rate).  
Most Recent Data: 33/100,000 population (2013 age-adjusted rate).  
Data Source: Iowa Department of Public Health, [Heart Disease & Stroke Prevention program profile](#), p. 2.
- 4-10 An increase in the number of Medicare beneficiaries who use their annual wellness visit, which includes an assessment of cognitive function.**  
Target: 37,950.  
Baseline: 24,272 (2011).  
Most Recent Data: 48,406 (preliminary 2014 data).  
Data Source: Unpublished data from the CMS Chronic Conditions Data Warehouse
- 4-11 A reduction in the rate of emergency department visits for children with asthma, ages 0 to 14.**  
Target: 56/10,000.  
Baseline: 62/10,000 (average annual rate, 2003-2008).  
Most Recent Data: 58/10,000 (2013)  
Data Source: Iowa Department of Public Health, [Public Health Tracking portal](#).

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

### Arthritis, Osteoporosis, and Chronic Back Conditions

### Lead Organizations

- 4-1.1 Positively impact more families affected by juvenile arthritis by implementing local support groups and offering more educational opportunities.\*

Arthritis Foundation

**Completed:** The Arthritis Foundation offered networking opportunities for local families to meet each other. The Foundation also offered free educational kits and resources to local families. We measure our outreach by counting the number of kits and the number of educational events that we have throughout the year.

- 4-1.2 Collaborate with other groups to address the importance of physical activity, self-management, and proper nutrition to reduce limitations in activity related to arthritis and other chronic diseases.

Arthritis Foundation

**Completed:** The Arthritis Foundation offered various resources to help individuals with arthritis manage their disease. We measure our outreach through surveys after public education presentations, brochure follow-up, and website hits.

### Cancer

### Lead Organizations

- 4-1.3 Maintain a partnership with the Iowa Cancer Consortium to enhance cancer prevention activities including educating policy makers and key stakeholders on the chronic disease burden and evidence-based interventions for effective primary prevention health policies.

Iowa Department of Public Health

**Progress:** The partnership with the Iowa Cancer Consortium is maintained. Funding is provided to the consortium for implementation of the State Cancer Plan. The consortium provides educational reports including burden data. Recently, six burden documents were prepared in partnership with the American Cancer Society, the Cancer Registry, the Iowa Cancer Consortium, and the Iowa Department of Public Health.

- 4-1.4 Increase from 2 to 30 the number of clinics using an evidence-based cancer-screening toolkit that is implemented in an office-based system.

Iowa Department of Public Health

**Some progress but behind schedule:** The on-line toolkit training went live in October 2014. One barrier that pushed back the release of the training was going through the process of getting nursing CEUs approval for the training. Once live, the link was sent to all Iowa Department of Public Health (IDPH) partners to share with their partners. The Iowa Cancer Consortium and American Cancer Society have been instrumental in helping to promote the training to primary care practices, physicians, health systems, local public health departments, nurses, community health care clinics, and a variety of other organizations. The contractor who monitors the training site provides a user report of individuals who have completed the training; however IDPH staff won't know if clinics have implemented the strategies or essentials in their clinic (to see if cancer screening rates have improved) until IDPH staff contacts them 6 months after their training is complete. Users have the option to have IDPH follow up with them 6 months after they complete the training to see if they have implemented strategies from the toolkit and if they have seen cancer-screening rates improve in their practice. Follow up with clinics will be completed during appropriate timeframes.

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- 4-1.5 Increase, from 10 to 20, the number of activities focused on health care provider awareness and knowledge of quality-of-life issues for cancer survivors by collaborating with professional organizations, health professional training programs, and health care providers on improved training and education.

Iowa Cancer Consortium; Iowa  
Department of Public Health

**Progress:** In partnership with the Iowa Cancer Consortium and its Quality of Life Committee, an initiative in survivorship planning has been initiated. A survey of all the Iowa Cancer Centers was done to assess the awareness and provision of survivorship plans for cancer patients. Provider education was created both for each cancer center and for a broader provider audience at the fall Cancer Summit. The committee developed resources including a template for cancer survivorship plans and a list of the inclusions and contents for such plans.

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- 4-1.6 Collaborate with the Iowa Cancer Consortium and other groups to address health disparities in African-American, Native American, and Latino populations.

Office of Minority and Multicultural  
Health Advisory Council

**Completed:** Increased awareness was provided via workshops held at annual cancer consortium meetings on the delivery of culturally appropriate services, on-going technical assistance meetings to develop strategic strategies in outreach to these targeted populations at an average of at least 6 meetings with cancer consortium staff per year. Related activities included continued membership on the culture awareness subcommittee; sharing culturally specific cancer informational materials through the Department of Human Rights Commissions on Native Americans, Latino Affairs, Native Americans network relay systems; and assisting with the establishment and sustainability of the SALUD Latino Women's Support Group and the Native American Cancer Support group. The number of materials distributed, number of meetings attended, number of workshops provided, and number of participants at the workshops constituted measurement of increased awareness.

## Chronic Infectious Diseases: HIV and Viral Hepatitis

## Lead Organizations

- 4-1.7 By 2014, use GIS<sup>15</sup> mapping to analyze the correlations between late diagnoses<sup>16</sup> of HIV and specific social determinants of health, such as income, education, and proximity to testing or other health care facilities.\*

Iowa Department of Public Health

**Progress:** Linkage of HIV diagnosis data to social determinant data was completed by the Centers for Disease Control and Prevention as part of a project on GIS mapping. The data have been returned to the HIV surveillance program and will be incorporated into the 2015 Epidemiological Profile.

- 4-1.8 Increase from 66% to 80% HIV-infected individuals who receive regular HIV medical care.

Iowa Department of Public Health

**Progress:** The percentage of HIV-infected individuals receiving regular medical care has increased to 77%. This may be due to improved retention in care understanding and efforts, as well as targeted data cleaning.

- 4-1.9 Increase from 600 to 800 high-risk individuals who are aware of his or her hepatitis C virus status.

Iowa Department of Public Health

**Progress:** We continue to offer hepatitis C virus antibody screening at eight counseling, testing, and referral sites throughout the state. In 2014, 467 individuals were screened for the hepatitis C virus.

<sup>15</sup> A geographic information system allows data to be displayed visually in a way that reveals patterns, trends, and relationships to other data.

<sup>16</sup> Late diagnoses refer to persons diagnosed with AIDS within a year of their HIV diagnoses.

## Diabetes

## Lead Organizations

- 4-1.10 By 2014, distribute Diabetic Communication reports to optometrists, primary care providers, and diabetes educators to enhance communication between primary care physicians and eye-care providers.\*

Iowa Optometric Association

**Progress:** The Iowa Optometric Association distributed the Diabetic Communication Reports. In 2014 and in 2015, the report has included the reporting of glaucoma. Plans are to continue to distribute the reports to optometrists, primary care providers, and diabetic educators for use.

- 4-1.11 Improve health outcomes for diabetic Medicaid members in Care Management programs by increasing A1C compliance<sup>17</sup> by 1% each year.

Iowa Medicaid Enterprise

**Some progress but behind schedule:** The diabetic Medicaid member A1C compliance rate for members in care management programs decreased very slightly from 87.3% in SFY 2013 to 86.6% in SFY 2014, a 0.7% decrease. Members in care management programs continue to receive follow-up reminders on A1C completion and motivational interviewing techniques are also used in health coaching.

- 4-1.12 Improve outcomes for diabetic Medicaid members in Care Management programs by increasing low-density lipoprotein compliance by 1% each year.

Iowa Medicaid Enterprise

**Completed:** The diabetic Medicaid member low-density lipoprotein compliance rate increased from 67.5% in SFY 2013 to 68.5% in SFY 2014, a 1.0% increase. In the care management program, an increase in compliance was achieved through member health coaching as well as sending testing reminders to members by mail and contacting them by phone.

- 4-1.13 Increase by 10% the self-reported use of health literacy-based tools or health literacy-inclusive interventions among outpatient diabetes self-management education programs.

Iowa Healthcare Collaborative

**Progress:** Inquiry questions regarding use of health literacy-based tools/interventions have been prepared and included in the annual survey that goes out to outpatient diabetes self-management education programs.

<sup>17</sup> The A1C test measures the average blood glucose control for the past two months.

## Heart Disease and Stroke

## Lead Organizations

- 4-1.14 Inform the public through social marketing about the importance of blood pressure screening and medication adherence and the national Million Hearts Initiative.

Iowa Department of Public Health

**Progress:** There is now an Iowa Million Hearts Action Plan in place. The plan specifically describes how the Iowa Department of Public Health and other partners will continue to inform the public and other key populations of interest regarding the Million Hearts Initiative.

- 4-1.15 Institute a program for obese women at the Iowa Correctional Institution for Women to reduce the risk of cardiovascular disease.

Iowa Department of Corrections

**Progress:** The program, begun in 2011, includes weekly exercise sessions, supervised by local YMCA volunteers, and education on nutrition and fitness along with extra fruits and bottled water daily to reinforce proper healthy eating. Participants are weighed weekly and at the end of the three-month session, they receive repeat body fat measurements. A number of participants have achieved significant weight reduction and lifestyle changes. Data on progress is forthcoming.

## Neurological Disorders

## Lead Organizations

- 4-1.16 Encourage Medicare beneficiaries to use their annual wellness visits to assess their cognitive function.

Alzheimer's Association

**Progress:** The Alzheimer's Association encourages all Iowans to see their physician if they have problems with memory loss or cognitive impairment. A subset of this group is persons whose primary insurance is Medicare.

Use of Medicare Annual Wellness Visit in Iowa	
Year	Number of Seniors
2011	24,272
2012	32,504
2013	40,385
2014*	48,406

\* 2014 is not a complete year.

Source: Unpublished Data from the CMS Chronic Conditions Data Warehouse

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4-1.17 Increase awareness about Alzheimer's disease and the importance of early detection through promoting the "Know the Ten Signs: Early Detection Matters" program.

Alzheimer's Association

**Progress:** The Alzheimer's Association, Greater Iowa Chapter has embarked on a chapter-wide campaign to educate Iowans about the 10 warning signs of Alzheimer's. Approximately 50 educational programs will be held in communities and workplaces between January and June 2015.

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4-1.18 Improve the appropriateness of prescribing anti-psychotic medications in dementia and monitoring their helpful and adverse effects.

U of Iowa College of Public Health

**Progress:** Antipsychotic use among long-stay nursing home residents without excluded conditions reduced from 22.3% in the 4th quarter of 2011 to 19.2% in 3rd quarter of 2014.

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4-1.19 By 2015, offer a program for 700 people with disabilities who, with increased knowledge and resources, can live a healthier lifestyle.

Easter Seals of Iowa

**Progress:** Easter Seals Iowa collaborated with Des Moines University (DMU) to offer a Health Fair on March 7, 2015, for individuals with disabilities. The Health Fair was held at the DMU Campus and over 200 persons attended. 16 individuals with disabilities received an extensive holistic exam that would not have otherwise accessed such services. Over 100 additional individuals with disabilities accessed individualized health screenings while attending the Health Fair.

Easter Seals Iowa applied for the Dana and Christopher Reeves Foundation grant to support the health and wellness of individuals with paralysis. The project is a joint effort between Easter Seals Iowa, Wellmark, YMCA, and the Spinal Cord Injury Association of Iowa. Easter Seals Iowa has received funding through the Iowa Department of Public Health and the University of Iowa Center for Disabilities and Development to create a Health and Wellness Webinar/Training for other Iowa based Community Rehabilitation Providers. Easter Seals Iowa completed the first six-week workshop, Better Choices, Better Health in which nine staff successfully completed the course. Eventually our goal is to open this program to clients we support and their families. The next Better Choices, Better Health workshop will be offered in January.

Easter Seals Iowa, in collaboration with EAT Greater Des Moines, hosted a focus group of persons who use the SNAP program, with the intent to talk about incentives that may be applicable to persons using SNAP in a way that would motivate them to purchase more fruits/vegetables. Easter Seals Iowa is part of the stakeholder group to explore solutions to impact the health and wellness of individuals who utilize the SNAP program. We will be supporting a USDA grant to help fund such an incentive program.

In coordination with the new Wellmark YMCA, Easter Seals hosted a focus group of individuals with disabilities to identify ways in which they would like to have increased inclusion at the new facility.

We have 5 staff members who have been trained to conduct the Better Choices Better Health curriculum. Year to date we have had 23 staff learn how to live a healthier lifestyle and help to teach our clients this as well. Next year we will be opening up the training to clients as well.

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## Respiratory Conditions

## Lead Organizations

- 4-1.20 Improve outcomes of asthmatic Medicaid members in Care Management programs by increasing controller medication compliance by 2% each year.

Iowa Medicaid Enterprise

**Progress:** The proportion of asthmatic Medicaid members receiving controller medications increased from 80.3% in SFY 2013 to 81.7% in SFY 2014, a 1.4% increase, just shy of the 2% goal.

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- 4-1.21 Educate health care professionals on state of the art asthma treatment and management and educate individuals on asthma and self-management.

American Lung Association in Iowa  
Asthma Coalition

**Progress:** We hold Lung Force Expos once a year that always has several breakouts on asthma. These Expos are geared towards health care professionals and patients. Additionally, we have several Better Breather's Clubs throughout the state that focus on lung health issues, including asthma. We also promote our Lung Helpline that tracks the number of callers that call about asthma.

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- 4-1.22 Increase the number of health care professionals referring tobacco users to tobacco cessation services by providing educational trainings and resources to clinics, physicians, and nurses.\*

American Lung Association in Iowa  
COPD Coalition

**Progress:** The staff tracks fax referrals to the state Quitline program; our goal is to hit a certain number of clinics trained in Ask, Advise, and Refer training.

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- 4-1.23 Educate individuals about COPD management and health care professionals about COPD treatment and guidelines.

American Lung Association in Iowa  
COPD Coalition

**Progress:** We hold a Lung Force Expo that has several breakouts on COPD treatment and guidelines. This Expo focuses on health care professionals and patients. We also have several Better Breather Clubs in the state, this is for individuals with COPD, asthma, or other lung health issues to come and learn about their disease. Finally, we track calls to our Lung Helpline on COPD.

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## Other Plans Relating to Chronic Disease:

[2015 Iowa Million Hearts Action Plan](#)

[American Lung Association in Iowa COPD Coalition 2010 – 2012 Strategic Plan](#)

[Asthma in Iowa](#)

[Iowa Cancer Plan](#)

[Iowa Comprehensive Heart Disease and Stroke Plan 2010-2014](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

# Environmental Health

## What Critical Needs Are Included

Air Quality  
Healthy Homes  
Lead Poisoning and Screening  
Water Quality



## Measures of Progress

- 5-1 An increase in the number of lives saved from fires by smoke detectors.**  
Target: 204 Lives Saved.  
Revised Baseline: 186 Lives Saved (2011).  
Most Recent Data: 217 Lives Saved (2012).  
Data Source: [Reports to the State Fire Marshal](#).
- 5-2 A decrease in the number of children who have had at least one confirmed elevated blood-lead test before age 6.**  
Revised Target: 421.  
Revised Baseline: 468 (2004 Birth Cohort).  
Most Recent Data: 252 (2008 Birth Cohort).  
Data Source: Iowa Department of Public Health, [Public Health Tracking portal](#).
- 5-3 An increase in the number of private drinking water wells tested for arsenic.**  
Target: 150 wells tested per year.  
Baseline: 473 wells tested from 2006 to 2008.  
Most Recent Data: 568 (2014).  
Baseline Data Source: [Arsenic in Iowa's Water Sources: Surveillance, Research, Education, and Policy](#).  
Recent Data Source: State Hygienic Laboratory, OpenELIS database (unpublished data).



## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

### Air Quality

### Lead Organizations

5-1.1 Assure that the National Ambient Air Quality Standards for PM<sub>2.5</sub><sup>18</sup> are met statewide.

Iowa Department of Natural Resources

**Progress:** The air pollution reduction-strategy to reduce fine particle air pollution in Iowa has been submitted to the U.S. EPA and is in progress. Emissions are already lower, air quality is improving, and we expect to meet our goal by early 2017. Major investments by Iowa industry are helping to reduce air pollutants significantly. Physical changes in industrial equipment are underway and will continue to reduce air emissions.

### Healthy Homes

### Lead Organizations

5-1.2 Continue developing viable Iowa communities with decent housing and suitable living environment and expanding economic opportunities primarily for persons of low and moderate incomes.

Iowa Economic Development Authority

**Progress:** The state annually receives a Community Development Block Grant appropriation from the federal Housing and Urban Development Agency. Our 2015 allocation will be approximately \$21 million. Our method to distribute this money includes owner-occupied housing, water and sewer infrastructure projects, employment support and opportunities, as well as community facilities and services for low to moderate individuals in communities. Annually, cities and counties below 50,000 in population can apply for grants that support these goals.

5-1.3 Maintain the current number of homes with a lead-poisoned child where remediation is completed to the current number of 118 each year.

Healthy Homes and Lead Poisoning Prevention Advisory Committee

**No report:** Due to a change in data collection systems, a report has been delayed.

5-1.4 By 2014, take steps to implement the *Healthy Homes Strategic Plan*.

Healthy Homes and Lead Poisoning Prevention Advisory Committee

**No progress:** The Iowa Department of Public Health lost funding for the implementation of this objective. (This objective/strategy will be deleted from the revised *Healthy Iowans*.)

<sup>18</sup> PM<sub>2.5</sub> refers to fine particles in the air. At 11 of the 17 fine particle air monitoring sites in Iowa, air pollution levels were at or exceeded 80% of the federal health air pollution standards for fine particles.

- 5-1.5 Engage the scientific community in developing a comprehensive understanding of the quality of radon data and develop a plan to communicate and address radon health risks.

Iowa Department of Public Health

**Some progress but behind schedule:** Iowa Department of Public Health (IDPH) staff members have conducted a preliminary assessment of data quality. Recognition of the data deficiencies is present among scientists. However, until IDPH can upgrade IT software for data reporting and tracking, it will be difficult to improve data quality.

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## Lead Poisoning and Screening

## Lead Organizations

- 5-1.6 Continue the blood lead-testing rate of 98% for the 2004 birth cohort<sup>19</sup> through the 2009 birth cohort.

Iowa Department of Public Health

**Progress:** Iowa Department of Public Health staff were able to check the progress that was made with the latest birth cohorts by evaluating the blood lead data collected at the local and state level. This information confirms that blood lead testing rate remains high, very close to 100%. This rate has been achieved as a result of the mandate requiring all children to have at least one lead test before school age.

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- 5-1.7 Investigate and establish a database to assess potential environmental exposure to other metals, such as arsenic, cadmium, chromium and mercury beyond lead by analyzing all venous blood lead specimens submitted between 2012 and 2016 for these additional metals; compare the Iowa database with baseline data from CDC.

State Hygienic Laboratory at U of Iowa

**Some progress but behind schedule:** Capability and capacity is in place at laboratory, but no progress has been made to establishing a surveillance or database to track additional metals.

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<sup>19</sup> A birth cohort is a group of children born during a given period of time; e.g., children born in 2004 are part of the 2004 birth cohort.

## Water Quality

## Lead Organizations

- 5-1.8 Reduce exposure to elevated nitrate levels in drinking water among an estimated 25,000 to 68,000 persons relying on private wells and for 1,387 persons who rely on public water systems through education and information dissemination.

Iowa Department of Natural Resources; Iowa Department of Public Health

**Progress for private wells:** The Iowa Department of Natural Resources (IDNR) partners with local county health departments and the Iowa Department of Public Health (IDPH) to help reduce exposures to nitrate from private well water. IDNR and our partners help private well owners access drinking water testing that includes nitrate testing through a program called the Grants-to-Counties (GTC) well program. This program is funded by an account managed by the IDNR and offers water sample collection by local county health professionals and lab analysis by one of the state certified drinking water laboratories – all at no cost to the well user. In fiscal year 2014, the GTC program paid for nitrate analysis on nearly 6,400 private well water samples. Thirty percent of the samples reported nitrate levels at or above the public water supply maximum contaminant level of 10 mg/L nitrate as N. Private well users whose nitrate levels indicate the water is not safe to drink are offered guidance from local counties, IDNR, and IDPH to help the well user make informed decisions on steps to improve the quality of their drinking water. Topics addressed are well head protection to reduce nitrate loading in the area of the well, well modification to improve well head protections, well replacement to utilize deeper protected aquifers, the use of whole house or point-of-use water treatment devices, and utilizing a known safe water supply as an alternative source for all of the water they consume until they can provide a safe source of their own. In addition, publications like “Non-public Water Wells and Water Systems, A Consumer Information Booklet” and State Hygienic Laboratory’s “Well Water Quality and Home Treatment Systems” and a robust IDNR private well web site are offered as resources that provide detailed information on drinking water issues, including nitrate.

**Progress for public water supply systems:** In 2014, there were 11 public water supply systems (0.6% of the total) serving a population of 1,454 (0.05% of the total) that had at least one nitrate maximum contaminant level violation, for a total of 13 violations. Of those, 9 (82%) conducted the required public notification.

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- 5-1.9 Continue funding sanitary sewer system improvements, water system improvements, water and wastewater treatment facilities, storm water projects related to sanitary system improvements, and rural water connections.

Iowa Economic Development  
Authority

**Progress:** The state annually receives an allocation from the federal Housing and Urban Development agency. The funds are used to fund owner-occupied housing, water and sewer infrastructure projects, employment opportunities and support, as well as community facilities and services for low to moderate-income individuals in communities. Annually cities and counties under 50,000 in population can apply for grant funds for projects that support these objectives.

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- 5-1.10 Assess exposure to emerging contaminants such as pesticide degradates, perfluorinated compounds (e.g., fabric protectors), polychlorinated diphenyl ethers (e.g., flame-retardants) in surface and ground water by establishing a monitoring program and subsequent education and information dissemination to mitigate and minimize exposure.\*

State Hygienic Laboratory at U of  
Iowa

**Some progress but behind schedule.** Some emerging contaminants are monitored in existing contracts but this objective is highly dependent upon funding and certainly is not consistent. Nothing has been established for a consistent monitoring/surveillance program or development of educational information.

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- 5-1.11 Reduce exposure to arsenic to persons who rely on drinking water from private wells by establishing a monitoring program and subsequent education and information dissemination to mitigate and minimize exposure.

State Hygienic Laboratory at U of  
Iowa

**Progress:** A systematic sustainable private well surveillance program has not been established. In some counties, such as Cerro Gordo, monitoring private wells is being performed to assess potential exposure to arsenic and the SHL has developed and implemented methods to determine both total and speciated arsenic. Educational information has been developed.

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## Other Plans Relating to Environmental Health:

[Consolidated Plan for Housing and Community Development](#)  
[Iowa Cancer Plan](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort

# Healthy Living

## What Critical Needs Are Included

Healthy Growth and Development  
Nutrition and Food  
Oral Health  
Physical Activity  
Reproductive and Sexual Health  
Vision and Hearing



## Measures of Progress

- 6-1 An increase in the proportion of public high school students who graduate in 4 years or less.**  
Target: 90%.  
Baseline: 89% (2010).  
Most Recent Data: 90.5% (2013-2014).  
Data Source: [Iowa Department of Education, Student Performance Reports, Cohort Graduation Rates.](#)
- 6-2 A reduction in the African-American infant mortality rate.**  
Target: 9 per 1,000 live births.  
Baseline: 12 per 1,000 live births (2010).  
Most Recent Data: 12 per 1,000 live births (2013).  
Data Source: [Iowa Department of Public Health, Health Statistics, Vital Statistics of Iowa, Table 4B.](#)
- 6-3 An increase in the percentage of persons who eat five or more servings of fruits and vegetables each day.**  
Target: 20%.  
Baseline: 13.5% (2011).  
Most Recent Data: 13% (2013).  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 51.

- 6-4 An increase in the proportion of Iowa infants who are breastfed at birth.**  
Target: 80%.  
Baseline: 74.5% (2011).  
Most Recent Data: 78% (2013)  
Data Source: [Iowa Breastfeeding Incidence](#), p.3.
- 6-5 An increase in the proportion of adults who get the recommended levels of aerobic physical activity.**  
Target: 53%.  
Baseline: 48% (2011).  
Most Recent Data: 46.9% (2013)  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 47.
- 6-6 An increase in the proportion of low-income children, adolescents, and young adults age 1 to 20 on Medicaid who receive any preventive dental service.**  
Target: 45%.  
Baseline: 40% (2010).  
Most Recent Data: 49% (2014).  
Data Source: [EPSDT Preventive Dental Services Report](#).
- 6-7 An increase in the number of pre-kindergarten children who receive a comprehensive eye vision screening.**  
Target: 48,172.  
Baseline: 32,272 (2010-2011).  
Most Recent Data: 40,459 (2013-2014).  
Data Source: [Iowa KidSight. A Statewide Vision Screening Program for Infants and Children, Screening Results by Program Year](#).
- 6-8 An increase in the proportion of births that are intended.**  
Target: 75%.  
Baseline: 66% (2010).  
Most Recent Data: 69% (2013).  
Data Source: [Iowa's Barriers to Prenatal Care Project](#), p. 15.
- 6-9 A reduction in the proportion of adults who are obese.**  
Target: 27%.  
Baseline: 29% (2011).  
Most Recent Data: 31.3% (2013).  
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 30.

- 6-10 Reduce overweight/obesity in children ages 2 to 5 who are enrolled in the WIC program.**  
 Target: 17%.  
 Baseline: 22.2% (2010).  
 Most Recent Data: 19.3% (2013).  
 Data Source: Iowa Department of Public Health, IWIN, Iowa WIC Data System (unpublished analysis).
- 6-11 A decrease in the proportion of participants in the Women, Infants, and Children (WIC) program who have low or very low food security.<sup>20</sup>**  
 Target: 39%.  
 Baseline: 41% (2011).  
 Most Recent Data: 41% (2011).  
 Data Source: [Iowa WIC Food Security Survey](#), p. 4.
- 6-12 A reduction in the rate of reported cases of chlamydial infection.**  
 Target: 300 cases/100,000 population.  
 Baseline: 350 cases/100,000 population (2010).  
 Most Recent Data: 361 cases/100,000 population (2013).  
 Data Source: [Iowa STD Statistics, Iowa Reportable Sexually Transmitted Disease Data](#), p. 1.

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

### Healthy Growth and Development

### Lead Organizations

- 6-1.1 Where possible, align the resources for smoking cessation, healthy eating, and exercise to reach the goal of Iowa as the healthiest state in the nation.

Healthiest State Initiative; Iowa Department of Public Health

**Some progress but behind schedule:** An increase in tobacco use as well as a decrease in fruit and vegetable consumption call for a greater effort to achieve Iowa's goal as the healthiest state in the nation.

<sup>20</sup> Food security is defined as access by all people at all times to enough food for an active, healthy life. Low food security means that individuals may go hungry. Very low food security means that hunger is an even greater problem.

<p>6-1.2 Reduce the percent of students who have 10 or more absences by 10%.</p> <p><b>Progress:</b> Compared to the 2012-2013 school year, in 2013-2014, the overall goal was met. The goal also was met for students in grades K-5 and 6-8; non-special education, Asian, Hispanic, Native American, and Pacific Islander and male students; English language learners; and students regardless of their socio-economic status. The goal was not met for students in grades 9-12.</p>	Iowa Department of Education
<p>6-1.3 Continue funding for the green infrastructure and sustainable development in communities that are an integral part to the communities' overall environmental, physical, and social health.</p> <p><b>Progress:</b> The state annually receives an allocation from the federal Housing and Urban Development Agency. The funds are used to fund owner-occupied housing, water and sewer infrastructure projects, employment opportunities and support, as well as community facilities and services for low to moderate-income individuals in communities. Special attention is paid to sustainable development in these communities. Annually, cities and counties under 50,000 in population can apply for grant funds for projects that support these objectives.</p>	Iowa Economic Development Authority
<p>6-1.4 Decrease the preterm birth rate in the African-American population by 2%.</p> <p><b>Some progress, but behind schedule:</b> The Preterm birth rate for Non- Hispanic African-American population was 13%, down from 13.6% in 2012, so there was a slight decrease in the rate. This is essentially a stable rate.</p>	Iowa Department of Public Health; Iowa Medicaid Enterprise; March of Dimes
<p>6-1.5 Provide Iowa-specific resource toolkits on genomics to at least 50 primary care providers.</p> <p><b>Progress:</b> The toolkit is in the final stages of development. A listing of primary care providers interested in receiving the toolkit has been developed.</p>	Congenital and Inherited Disorders Advisory Committee
<p>6-1.6 Distribute 1,000 copies of a health literacy series of books, "What to Do," along with training to targeted pediatric populations.</p> <p><b>Completed:</b> As of April 2014, all texts were distributed through the University of Iowa Children's Health Specialty Clinics and their regional centers (13 in total).</p>	Iowa Healthcare Collaborative



6-1.7	Increase the number of children served by Reach Out and Read Iowa from 55,000 to 75,000, with a focus on children and families at highest risk for low literacy and low health literacy.*	Iowa Healthcare Collaborative
<b>Some progress but behind schedule:</b> Reach Out and Read continues to recruit and provide programs and clinics throughout Iowa, targeting areas and/or clinics serving children at high risk for low literacy and low health literacy. There are 92 established programs serving more than 58,000 children as of May 2014 - though that number is well below the Healthy Iowans target of 75,000 children served.		
6-1.8	Develop policy recommendations based on the steps outlined in the Maternal and Child Health Advisory Council plan.	Maternal and Child Health Advisory Committee
<b>No progress:</b> There has been a turnover in membership on the MCH Advisory Council. The objective to develop policy recommendations based on the steps outlined in the Maternal and Child Health Advisory plan still remains and is being evaluated by the council.		
6-1.9	By 2015, increase the number of Iowans Walking Assessment Logistics Kits (I-WALK) communities that encourage children to walk to school from 32 to 44.	Iowa Department of Public Health
<b>Progress:</b> In 2015, there were 3 additional I-WALK communities.		
6-1.10	By 2015, increase the number of Stanford Chronic Disease Self-Management Program (CDSMP) workshop participants by 5% from the 2013 baseline of 285 participants.	Iowa Department of Public Health
<b>Completed:</b> Between February 1, 2014 and January 31, 2015, 382 Iowans completed a CDSMP workshop in 26 counties.		
6-1.11	By 2015, increase the number of child care centers that improve the nutrition and physical environment through implementing Nutrition and Physical Activity Self-Assessment for Childcare (NAPSACC) nutrition and physical activity goals from 0 to 9.	Iowa Department of Public Health
<b>Completed:</b> In program year 2014 and 2015, 10 child care locations have implemented NAPSACC assessments and conducted action planning to improve nutrition and physical activity.		
6-1.12	Increase the breastfeeding knowledge of health care professionals by conducting breastfeeding training in at least three communities.	Iowa Breastfeeding Coalition
<b>Completed:</b> At three training sessions, 92 health care professionals improved their capacity to work with new mothers.		

## Nutrition and Food

## Lead Organizations

6-1.13 By 2014, increase student participation in the School Breakfast Program by 20% from 13.7 million to 17 million meals.

Iowa Department of Education

**Progress:** In the Iowa Child Nutrition Program Annual Report for 2013-2014, the total number of school breakfasts served per year is collected and recorded. The number of school breakfasts served is increasing incrementally each year and is currently at 15,751,919.

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6-1.14 By 2015, increase the number of Hispanic retailers who are recognized for dedicating shelf space to healthier items from 0 to 4.

Iowa Department of Agriculture and Land Stewardship; Iowa Department of Public Health

**Some progress, but behind schedule:** The Iowa Department of Public Health is currently partnering with University of Iowa College of Public Health to complete this objective. A toolkit, Healthy Hispanic Retail, is to be developed by May 15, 2015 and used for implementation in Muscatine and Dallas counties by the end of 2015. The initiative will be replicated in Marshalltown, Ottumwa, Iowa City, and West Liberty by June 30, 2016.

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6-1.15 Improve access to locally grown fresh fruits and vegetables by increasing the redemption rate of WIC farmer's market checks from 52% to 55% for Women, Infants, and Children (WIC) participants.

Iowa Department of Public Health

**Progress:** The 2014 WIC Farmers' Market Nutrition Program saw an increase to 54.3% redemption (of all checks issued to clients, 54.3% were redeemed at farmers markets). In addition, 90% of all USDA food dollars earmarked for the 2014 program were utilized compared with 78.7% in 2013.

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6-1.16 Maintain the current redemption rate of checks used for buying food at farmers markets at 83% for eligible seniors.\*

Iowa Department of Agriculture and Land Stewardship

**Some progress but behind schedule:** The strategy of increasing the redemption rate to 83% is unrealistic and needs to be reduced.

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6-1.17 Improve access to locally grown fresh fruits and vegetables by increasing Food Assistance EBT<sup>21</sup> purchases for food at farmers' markets by 15% each year for those enrolled in the Food Assistance Program (baseline \$85,282 in 2011).\*

Iowa Department of Human Services; Iowa Department of Public Health

**No progress:** EBT sales have not grown due to lower numbers of farmers participating in the Wireless EBT Project. Purchases in 2014 totaled \$68,725.

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6-1.18 Continue providing fresh and minimally processed Iowa-grown food in school meals and snacks.

Iowa Department of Agriculture and Land Stewardship

**Progress:** IDALS continues to assist participating school districts in providing fresh and minimally processed Iowa-grown food in school meals and snacks.

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6-1.19 Improve provision of and access to nutritious meals for older Iowans through the congregate and home-delivered meal program with an increase of 2% of the high nutrition-risk participants who will maintain or improve their nutrition-risk score.

Iowa Department on Aging

**Some progress but behind schedule:** According to the Iowa Program Reporting System, the system used to assess improvement and access, the meal program is serving fewer meals with a shift to a higher proportion being home-delivered meals. Home-delivered meal participants have higher nutrition risk. Because of this shift, there has not been the 2% increase or maintenance of nutrition risk score.

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6-1.20 Maintain congregate and home-delivered meal participation rate.

Iowa Department on Aging

**No progress:** Program data from SFY 2013 to SFY 2014 show that participation in the nutrition program decreased by 9%. Congregate meal sites continue to close due to low participation or inability to fill cook or meal-site manager positions. These reductions occur most often in rural communities.

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<sup>21</sup> Food Assistance EBT purchases are purchases made through Food Assistance debit cards.

## Oral Health

## Lead Organizations

- 6-1.21 By 2020, launch a major fluoridation effort so that every child in Iowa through age 12 who lives in households with incomes below 300% of poverty level will be cavity-free.

Delta Dental of Iowa Foundation

**Progress:** The Iowans for Oral Health Rapid Response team continues to provide support to Iowa communities faced with issues related to discontinuing fluoridation or to communities looking to start fluoridating. In addition, the Iowa Department of Public Health has provided support through an enhanced effort to increase awareness among water operators as well as placed a priority on funding activities through the Preventive Health and Health Services Block Grant funds.

- 6-1.22 Increase the proportion of Iowans who receive fluoridated water from water systems that meet the proposed national standard of 0.7 parts per million of water fluoridation from 91% to 94%.

Center for Rural Health and Primary Care Advisory Committee

**Some progress but behind schedule:** An Iowa statewide water fluoridation coalition tracks community water fluoridation programs and alerts advocates when anti-fluoridation efforts develop. Under a contract, a national fluoridation network, "Health Resources in Iowa," partnered with state coalitions to increase water fluoridation education, promotions, and coordinating supporting activities.

- 6-1.23 Increase the number of counties with school-based oral health preventive services.

Center for Rural Health and Primary Care Advisory Committee

**Completed:** School-based dental sealant programs have expanded into 77 counties. This is the result of private-public partnerships.

- 6-1.24 Initiate a statewide oral health coalition with representation from various organizations to pool expertise and resources for more credibility and value regarding oral health issues that affect Iowans.\*

Iowa Department of Public Health

**Progress:** There are currently two statewide oral health coalitions: Iowans for Oral Health (focusing on community water fluoridation) and the Lifelong Smiles Coalition (focusing on access to care for older adults). Iowa Department of Public Health (IDPH) staff actively participate and provide leadership on both of these coalitions. In addition, the state I-Smile network has served as a "coalition" to improve the oral health of children and adolescents. At this time, a new, separate statewide coalition will not be initiated. However, the IDPH Bureau of Oral and Health Delivery Systems coordinated a daylong oral health forum of state stakeholders in November 2014. This group will now serve as a "virtual coalition" to provide expertise and resources for the development and implementation of a new State Oral Health Plan.

## Physical Activity

## Lead Organizations

- 6-1.25 Increase by 2% Iowans' overall participation rate in more physically active, natural-resources-based outdoor recreation activities as listed in Iowa's Statewide Comprehensive Outdoor Recreation Plan.

Iowa Department of Natural Resources

**Some progress but behind schedule:** Usage of facilities including campsites, cabin rentals, and park visitation was up in 2015 from 2014 (calendar years). Some of the usage could be reflected by improvement projects that reached completion such as facilities and water bodies.

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- 6-1.26 Reduce by 5% the disparity in physical activity and obesity between persons with disabilities and those without disabilities.

Prevention of Disabilities Policy Council

**Progress:** In 2014, the Disability in Iowa Public Health Needs Assessment was released. Using the 2011 BRFSS data, persons with disabilities were significantly more likely to report being less active (34%) or obese (37.5%) than their nondisabled counterparts (24.5% and 25.9%).

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- 6-1.27 Increase awareness of at least 5% to 10% among Iowans about the link between outdoor recreation and healthy lifestyles, based on benchmarks established in the 2011 Statewide Comprehensive Outdoor Recreation Plan (SCORP) survey.

Iowa Department of Natural Resources

**Progress:** IDNR incorporates outdoor recreation and healthy lifestyles into all media outlets highlighting the multitude of activities that all users could choose. Printed media as well as social networking responses from users demonstrate increased awareness and utilization across the state. Measuring demographic qualities such as first time, returning, specific location, multiple recreation, and socio-economic variables are difficult to collect.

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## Reproductive and Sexual Health

## Lead Organizations

- 6-1.28 By 2014, implement at least one school-based pilot screening project for adolescents in the highest gonorrhea morbidity areas of the state.\*

Iowa Department of Public Health

**Some progress, but behind schedule:** The project that was planned in the Waterloo school district was halted due to opposition from concerned citizens. The Burlington school district stepped forward to be the first such project. The project is scheduled for April 15, 2015. A second project in Keokuk is in the planning stages.

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6-1.29 Reduce the rate of reported cases of gonorrhea from 60 cases per 100,000 to fewer than 45 cases per 100,000.

Iowa Department of Public Health

**No progress:** The 2014 rate was 53 per 100,000, an increase from the 2013 rate of 48 per 100,000.

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6-1.30 By 2014, increase access to publicly funded family planning clinics.\*

Family Planning Council of Iowa

**Progress:** Iowa continues to have a Medicaid family planning waiver. Publicly funded family planning clinics contract with Iowa's Qualified Health Plans. (This objective/strategy will be deleted in the revised *Healthy Iowans* plan because it cannot be measured.)

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6-1.31 Reduce the number of pregnancies that occur within 18 months of previous births from 33.6% to 31%.

Family Planning Council of Iowa; Iowa Department of Public Health

**Some progress but behind schedule:** From 2011 to 2013, there was a decrease in the number of births that occurred within 18 months of a previous birth. The decrease was not statistically significant.

2011 - 34.2% of births occurred within 18 months of a previous birth

2012 - 34.2% of births occurred within 18 months of a previous birth

2013 - 33.7% of births occurred within 18 months of a previous birth.

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6-1.32 Reduce pregnancy rates among adolescent females ages 15 to 17 from 14.4 per 1,000 pregnancies to 13 per 1,000 pregnancies in 2013.\*

Family Planning Council of Iowa; Iowa Department of Public Health

**Completed:** In 2013, this goal was met: Live births (n=581) + Fetal deaths (n=4) + Terminations (n=183) ÷ 59,161]

\* 1000 = 13.0 (12.96)/per 1000 pregnancies.

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## Vision and Hearing

## Lead Organizations

6-1.33 Promote and provide vision screening or assessments to children under 18 years old.

Iowa Optometric Association;  
Prevent Blindness Iowa; and Iowa  
KidSight

**Progress:** Iowa KidSight and Prevent Blindness Iowa continue to provide screenings to pre-k and kindergarten children and refer those children that fail the screening to an eye care professional. The Iowa Optometric Association continues to distribute Student Vision Cards that promotes getting a comprehensive eye exam prior to entering school to pre-k and kindergarten children in all of the public and private schools and pre-schools in Iowa.

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6-1.34 Reduce visual impairments and preventable blindness in school-aged and preschool children by 5%.

**Progress:** A Child Vision Screening Workgroup was established and drafted rules to enact Iowa Code 135.39D requiring all children enrolled in public or accredited non-public schools to have a screening to detect vision impairment at least once before enrollment in kindergarten, and once before enrollment in third grade. Draft rules from this workgroup were published in the Jan 21, 2015 bulletin as a Notice of Intended Action and will be implemented prior to the 2016 school year

Iowa Academy of Ophthalmology;  
Prevent Blindness Iowa; Iowa  
Optometric Association; Iowa  
KidSight

Iowa KidSight and Prevent Blindness Iowa continue to provide screenings to pre-k and kindergarten children and refer those children that fail the screening to an eye care professional. The Iowa Optometric Association continues to distribute Student Vision Cards that promotes getting a comprehensive eye exam prior to entering school to pre-k and kindergarten children in all of the public and private schools and pre-schools in Iowa.

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6-1.35 Raise awareness of strategies to reduce visual impairments and preventable blindness in adults by 5%.

**Some progress but behind schedule:** Questions related to vision are being added to the next Behavioral Risk Factor Surveillance Survey.

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Iowa Academy of Ophthalmology;  
Prevent Blindness Iowa

6-1.36 Increase by 25% the number of infants who are screened for hearing loss a) no later than one month of age; b) diagnosed no later than 3 months of age; and c) enrolled in early intervention services no later than 6 months of age.

**Some progress but behind schedule:** The percentage of infants screened no later than 1 month of age increased from 97% in 2012 to 98% in 2013. During the same period, infants diagnosed no later than 3 months of age decreased from 88% to 73%. This decrease in percentage could be due to missing or underreported data or providers not making appropriate referrals for diagnostic testing within 3 months of age. The percentage of infants enrolled in early intervention no later than 6 months of age significantly increased from 21% in 2012 to 67% in 2013. This improvement in percentage could be due to diagnostic providers making timelier referrals for early intervention and a designator follow-up coordinator in place to ensure children receive a diagnostic assessment and are enrolled in early intervention within 3 and 6 months of age, respectively.

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Early Hearing Detection Advisory  
Committee

## Other Plans Relating to Healthy Living:

[Iowa Cancer Plan](#)

[Iowa State Plan on Aging 2014-2015](#)

[Iowa Economic Development Authority Strategic Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa's Maternal, Child Health and Family Planning Business Plan](#)

[Outdoor Recreation in Iowa: A Statewide Comprehensive Outdoor Recreation Plan](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.



# Injury and Violence

## What Critical Needs Are Included

Falls  
Interpersonal Violence  
Motor Vehicle Injuries and Death  
Occupational Health and Safety  
Poisoning



## Measures of Progress

**7-1 A decrease in the hospitalization rate related to falls for those who are ages 65 and over.**

Target: 1,013/100,000 population.

Baseline: 1,125/100,000 population (Average annual rate, 2006-2010).

Most Recent Data: 1,738 /100,000 population (Average annual rate 2009-2013)

Data Source: [Falls in Iowa by County](#), p. 2

**7-2 A reduction in deaths from work-related injuries.**

Target: 5.4/100,000 FTE workers.

Baseline: 6.0/100,000 FTE workers (Annual Crude Fatality Rate, 2008).

Most Recent Data: 4.7/100,000 FTE workers (2013).

Data Source: [U.S. Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries](#).

**7-3 An increase in seatbelt use to reduce injuries and deaths from motor vehicle crashes**

Target: 96%.

Baseline: 93% (2011).

Most Recent Data: 93% (2014).

Data Source: [Iowa Department of Public Safety, Governor's Traffic Safety Bureau, Iowa Seat Belt Use Survey](#), p. 7.

- 7-4 A 5% reduction in the rate of all intentional and unintentional fatal injuries.**  
 Target: 49.5/100,000 population (age-adjusted rate).  
 Baseline: 52/100,000 population (age-adjusted rate, 2010).  
 Most Recent Data: 57/100,000 population (age-adjusted rate, 2013).  
 Data Source: [National Center for Injury Prevention and Control, CDC. WISQARS Online Database.](#)
- 7-5 A 5% reduction in the percent of Iowa high school student youth who report forced sexual experience.**  
 Target: 6%.  
 Baseline: 6.3% (2007).  
 Most Recent Data: 6.9% (2011).  
 Data Source: [CDC Youth Risk Behavior Surveillance System.](#)

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Falls	Lead Organizations
<p>7-1.1 Decrease by 10% the death rate related to falls for those aged 55 and over.</p> <p><b>No progress:</b> In 2013, the fall-related death rate for people aged 55 and over in Iowa was 52.3 per 100,000. This is higher than the fall-related death rates in both 2009 and 2012.</p>	Advisory Council on Brain Injuries
<p>7-1.2 Promote the use of evidence-based fall prevention strategies to community health professionals and monitor data on fall injuries and deaths.</p> <p><b>Progress:</b> The Iowa Falls Free Coalition and Iowa Department on Aging received a federal grant to implement evidence-based fall prevention programming in Iowa between September 1, 2014 and August 31, 2016. This grant has supported the addition of two new programs - Stepping On and Tai Chi for Arthritis - in the state, to supplement our work with Matter of Balance. Planned reach within the first grant year is 500 individuals. The Iowa Department of Public Health releases an annual update on fall deaths and injuries to monitor trends and assist with program planning.</p>	Iowa Falls Prevention Coalition

## Interpersonal Violence

## Lead Organizations

7-1.3 Promote research on effective interventions to prevent interpersonal violence.

U of Iowa College of Public Health

**Progress:** Research, much of it collaborative between the Iowa Department of Public Health and the University of Iowa, has been conducted to help develop interventions for the reduction of intimate partner violence; dating and sexual violence; bullying; and psychological recovery from violence.

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7-1.4 Promote healthy relationships in prevention programming and use of social media.\*

Iowa's Intimate Partner  
Violence/Sexual Violence Prevention  
Advisory Group

**Some progress but behind schedule:** The Iowa Department of Public Health and its statewide partner, Iowa Coalition Against Sexual Assault, have been adapting public educational materials related to sexual violence to include references to healthy relationships in addition to unhealthy/unsafe sexual behaviors. Educational materials that are provided by health care providers in Title V, Title X, and other health settings describe both healthy and unhealthy behaviors. The Iowa Domestic and Sexual Violence Prevention Advisory Committee is in the process of developing a larger communications plan, and expect to implement some of the strategies in the coming year.

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7-1.5 Reduce the percent of Iowa youth who report being bullied in the past 30 days to 45%.

Iowa Department of Education

**Some progress but behind schedule:** The percentage of students reporting being bullied in the past 30 days decreased from 57% in 2012 to 54% in 2014. Over time, the percentage of students reporting being bullied has fluctuated, which is expected as the topic has gained state and national attention, and awareness has increased. The Iowa Department of Education has focused efforts on decreasing bullying over the past 4.5 years through the Safe and Supportive Schools grant. As a result of this grant, each AEA trained a staff member in Olweus Bullying Prevention and Intervention programming, a toolkit was developed to support staff to intervene when bullying occurs, and several Intake and Investigation trainings have been hosted, free of charge to attendees.

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7-1.6 Advance policy and organizational change to reduce the consequences of interpersonal violence as measured by the number of state and local policy change proposals and issue briefs developed and the number of organizational change strategies adopted.

Iowa Department of Public Health

**Progress:** Reports submitted by funded prevention programs indicate there have been four local and one statewide policy change proposals done in 2014; and one issue brief developed. Several communities are working on organizational change strategies within schools related to policy and practice for dating and sexual violence prevention.

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## Motor Vehicle Injuries and Death

## Lead Organizations

7-1.7 Decrease the number of motor vehicle crashes causing injury and death.

Iowa Department of Public Safety

**Progress:** There has been a reduction in motor vehicle crashes with injury/fatalities over a five-year period by slightly less than 13%. During the five-year period of 2009-2013, traffic fatalities decreased in three of the five years. The 10-year trends related to traffic fatalities reveal a 19.5% reduction from the average of 393 to the low of 317 in 2013.

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7-1.8 Increase public awareness of high-risk driving behavior and the consequences of those choices.

Iowa Department of Transportation

**Progress:** The Zero Fatalities campaign has reached the airwaves - television and radio. The website is up and running.

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7-1.9 Improve the statewide ATV-related crash and injury surveillance system for recreational and work-related crashes, injuries, and fatalities to meet the Centers for Disease Control and Prevention minimum surveillance system guidelines for injury prevention and occupational safety.

U of Iowa Department of Emergency Medicine; Iowa Department of Public Health

**Progress:** Our database incorporates data from the Iowa Departments of Transportation and Natural Resources, and the State Trauma Registry. The University of Iowa Hospitals and Clinics data is also part of the database (~90% overlap with trauma registry data, but allows us to do more in depth chart review). Our data covering 2002-2009 resulted in 2 peer-reviewed publications on ATV crashes and injuries and many presentations to a wide variety of audiences. Results have also been incorporated into our school-based ATV safety program, which has been presented to more than 6,000 Iowa students, and into an agricultural ATV safety workshop that we are currently piloting. Our school-based program was supported by Kohl's until this year. Our new sponsor is Grinnell Mutual.

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7-1.10 Reduce alcohol-related fatalities through continued, strong enforcement and legislative initiatives that may include passage of stronger interlock<sup>22</sup> system usage.

Iowa Department of Public Safety

**Progress:** Alcohol-related fatalities are undergoing a significant review and evaluation. The Iowa Governor's Traffic Safety Bureau has been instrumental in studying and implementing improvements in data collection. From the data available, we discovered a high number of drivers involved in fatal collisions either were not tested or the test results were not reported appropriately. As a result, the reliability of the data collected is in question. Changes implemented in the testing and reporting of alcohol-related fatalities will result in data that are more reliable. Legislative initiatives related to passage of stronger ignition interlock systems have not been implemented. The 10-year average data indicates a reduction of alcohol-related fatalities in 6 of the last 10 years. However, a 5% increase was reported in the most recent year. We expect a more accurate picture with improvements in testing, reporting, and data collection.

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7-1.11 Provide endpoint data<sup>23</sup> on annual deaths resulting from motor vehicle crashes.

Office of the State Medical Examiner  
(Iowa Department of Public Health)

**Progress:** The Office of the State Medical Examiner (IOSME) continues to record county medical examiner records from across the state involving fatalities from motor vehicle collisions. Each death from a MVC falls under the medical examiner's jurisdiction. All Iowa counties are required to report these and other medical examiner cases to the IOSME.

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7-1.12 Maintain a statewide task force to address injury prevention issues.\*

U of Iowa College of Public Health

**Progress:** There are statewide task forces in place to address specific areas of injury prevention. For example, the Iowa DOT has a task force to address transportation safety issues. The Safe Kids Coalition addresses pediatric injury prevention issues. A new advisory committee is being formed by the Iowa Department of Public Health to oversee a new statewide violent death surveillance system. Iowa is also represented on the CDC-funded Regional Network Leader (RNL) Program addressing injury prevention issues. This regional network is led by the Kansas Department of Health Injury Prevention Program.

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<sup>22</sup> An interlock device measures the driver's blood alcohol content and disables the vehicle's ignition if the driver's breath contains alcohol.

<sup>23</sup> Data details about the causes and manners of fatal motor vehicle collisions.

## Occupational Health and Safety

## Lead Organizations

7-1.13 Reduce the proportion of adults who have elevated blood lead levels as well as those that have other exposures by 5%.\*

Iowa Department of Public Health

**No Report:** Report pending. Due to a transition to a new surveillance database, the data for 2014 is not available for reporting at this time.

7-1.14 Develop a comprehensive injury surveillance system targeting the agricultural industry.

Iowa Department of Public Health; U of Iowa College of Public Health

**No progress:** This is an unfunded objective. Nothing has changed since 2014. There is still interest in improving the quality of injury data reporting within existing datasets to allow extraction of agriculturally-related injury data, but no changes are known to have occurred in the past year.

7-1.15 Pursue inclusion of behavioral health conditions that have been diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders' Criteria as part of a comprehensive injury surveillance system targeting the agricultural industry.

Iowa Department of Public Health

**No progress:** The Center for Rural Health and Primary Care Advisory Committee listed this as an objective for Iowa, but the committee itself does not work towards completing this objective. The role of the Advisory Committee is to advise the department on what rural health issues need addressed.

7-1.16 Decrease by 25% overall fatal and nonfatal injuries in the farm population.

Center for Agricultural Safety and Health; Iowa Department of Public Health

**No progress:** The Center for Rural Health and Primary Care Advisory Team brought these objectives forward as recommendations. The committee does not have authorization in their legislative code to actually do work in meeting this objective. As an advisory committee, they make recommendations to the Iowa Department of Public Health on Rural Health Concerns that they feel should be addressed.

7-1.17 Decrease by 50% occupational-related fatal injuries in farm youth.

Center for Agricultural Safety and Health; Iowa Department of Public Health

**No progress:** The Center for Rural Health and Primary Care Advisory Team brought these objectives forward as recommendations. The committee does not have authorization in their legislative code to actually do work in meeting this objective. As an advisory committee, they make recommendations to the Iowa Department of Public Health on Rural Health Concerns that they feel should be addressed.

7-1.18 Increase awareness about farm safety and health among children and youth through presentations and media contacts.

Farm Safety For Just Kids

**Progress:** Safety For Just Kids has a small staff, located in Urbandale, that participate in meetings and conferences throughout the year to increase awareness about the importance of preventing farm-related injuries to children and youth. Within the past year, we have worked with Grinnell Mutual to produce an awareness commercial about staying safe on the farm. This was aired during Farm Safety and Health Week in September. In addition to staff, we also have a statewide outreach coordinator who conducts educational farm safety and health programs in local communities.

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7-1.19 Reduce deaths from work-related injuries in Iowa by 10%.

Iowa Department of Public Health

**Some progress but behind schedule:** Final data for 2012 demonstrated an unexpected increase in traumatic work-related fatal injuries, with the U.S. Bureau of Labor Statistics (BLS) reporting 97 deaths, or a rate of 6.6 worker deaths per 100,000 full-time equivalent (FTE) workers. Preliminary data from both the Iowa Fatality Assessment and Control Evaluation (FACE) program and BLS indicate 71 worker deaths in 2013 or 4.7 deaths per 100,000 FTE workers. This would be 16% below the 10-year average number of deaths and below the 2008 baseline of 6.0/100,000 FTE. Final data for 2013 may indicate less improvement. Iowa continues to have higher rates than the U.S. for this indicator (3.8/100,000 FTE in 2008, 3.4/100,000 FTE in 2012).

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7-1.20 Increase prevention of injuries, illnesses, and fatalities including behavioral health compromises among the agricultural and rural population.

Center for Rural Health and Primary Care Advisory Committee

**No progress:** The Center for Rural Health and Primary Care Advisory Team brought these objectives forward as recommendations. The committee does not have authorization in their legislative code to actually do work in meeting this objective. As an advisory committee, they make recommendations to the Iowa Department of Public Health on Rural Health Concerns that they feel should be addressed.

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## Poisoning

## Lead Organizations

7-1.21 Increase the infrastructure for poisoning surveillance in Iowa.

U of Iowa College of Public Health

**Progress:** We have disseminated information about increasing poisoning trends; we have worked with several state agencies, including the University of Iowa Injury Prevention Research Center, the Iowa Department of Public Health, and the Iowa Poison Control Center to examine sources for poisoning information.

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7-1.22 Develop a data system that adequately identifies the causes for the annual increase in unintentional poisoning deaths.

Iowa Statewide Poison Control  
Center

**Progress:** Staff at the Poison Control Center have been working with the Iowa Department of Public Health Bureau of Vital Records to obtain death certificate data for analysis. In addition, beginning in 2016, the new Iowa Violent Death Reporting System may have the option of including data on poisoning deaths in its database.

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### **Other Plans Relating to Injury and Violence:**

[2013-2017 Iowa State Plan for Brain Injuries](#)

[Iowa Comprehensive Highway Safety Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa Plan for Sexual Violence Prevention 2009-2017](#)

[Section V of the Iowa Rural and Agricultural Safety Resource Plan](#)

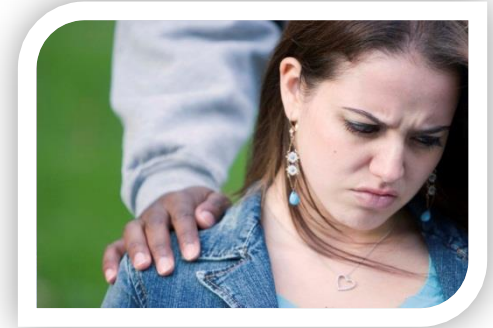
\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.



# Mental Health and Mental Disorders

## What Critical Needs Are Included

Co-occurring Disorders  
Mental and Emotional Well-being  
Mental Illnesses  
Suicide



## Measures of Progress

- 8-1 A reduction in the percent of 11th graders who seriously consider attempting suicide.**  
Target: 13%.  
Baseline: 14% (2010).  
Most Recent Data: 16% (2014).  
Data Source: [Iowa Youth Survey](#), State of Iowa Report, p. 39
- 8-2 An increase in the proportion of children screened for being at risk for developmental, behavioral, and social delays using a parent-reported, standardized screening tool.**  
Target: 23%.  
Baseline: 19% (2007).  
Most Recent Data: 34% (2011-2012).  
Data Source: [Indicator 4.16, National Survey on Children's Health](#).

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

### Co-occurring Disorders

### Lead Organizations

- 8-1.1 Align the Iowa Department of Public Health's addictions service system transition with the Iowa Department of Human Services' Mental Health and Disability Services System Redesign.<sup>24</sup>

Iowa Department of Public Health  
and Iowa Department of Human  
Services

**Progress:** The Iowa Department of Public Health (IDPH) has revised its administrative rules for substance abuse and problem gambling program licensure standards and will support the Iowa Department of Human Services (DHS) in its revision of mental health services licensure requirements. As Iowa's substance abuse authority, IDPH is a partner with DHS in the Iowa High Quality Healthcare Initiative Medicaid managed care process.

### Mental and Emotional Well-being

### Lead Organizations

- 8-1.2 Develop an infrastructure that includes the following: a) establishment of a state professional association; b) a public awareness campaign; and c) implementation of evidence-based programs and practices to improve the social, emotional, and behavioral health of young children and their families in Iowa.

Early Childhood Iowa; Project Launch;  
1st Five Healthy Mental Development  
Initiative

**Progress:** The Iowa Association for Infant and Early Childhood Mental Health (IAIECMH) is fully operational, with a twelve-member Board of Directors and a membership of 80 professionals representing locations across the state. The IAIECMH has received grant funding to purchase and implement Michigan's competencies and endorsement, known as a "Culturally Sensitive, Relationship Focused Practice Promoting Infant Mental Health." This work will officially "kick-off" at the end of March, with training in Reflective Supervision to begin in June.

<sup>24</sup> In 2011, the Iowa State Legislature passed legislation requiring a [regional administrative system](#) to deliver a set of services to replace the current system by the summer of 2013.

- 8-1.3 Use lessons learned from the 1st Five Healthy Mental Development Initiative to make recommendations to Early Childhood Iowa, Project Launch, and the Medical Home/Prevention and Chronic Care Management Advisory Council, for supporting a statewide partnership system of care between medical providers and community-based agencies around mental and behavioral services for children ages birth to 5.

Iowa Department of Public Health;  
Iowa Department of Human Services;  
Child Health Specialty Clinics; Early  
Childhood Iowa

**Some progress but behind schedule:** More progress has been made than not; however, there is still work to do. Recommendations have been made through presentations to the Early Childhood Iowa Steering Committee and Project LAUNCH, by giving an overview of the 1st Five program as well as addressing success, challenges, and lessons learned. More collaborative efforts need to be made with the Patient-Centered Health Advisory Council.

## Mental Illnesses

## Lead Organizations

- 8-1.4 By 2014, operationalize the 14 Mental Health and Disability Services regions in the redesigned mental health service system.\*

Iowa Department of Human Services

**Progress:** Mental Health and Disability Services Regions began operation on July 1, 2014. Regions are fully operational, are building access to the required set of core services for adults with mental illness and/or intellectual disability, and are developing additional services with a focus on crisis intervention services and justice-involved services.

- 8-1.5 Reduce jail bed usage by those who suffer from mental illness by 25%.

Iowa Department of Corrections

**Some progress but behind schedule:** In comparison with the 2012 baseline, for male offenders suffering from chronic mental illness, there has been an increase in recidivism of about 4.5%; for female offenders, there has been a decrease in recidivism of about 9.5%. This issue is being partly addressed with a Second Chance Act recidivism reduction grant. Among other grantees, the Iowa Department of Corrections (IDOC) is working with the National Alliance on Mental Illness to implement more peer-to-peer mentoring programs and staff training on relevant issues to help increase the success rates for those offenders with mental illnesses who are returning to their communities. Another program, not funded through the Second Chance Act, is the IDOC's partnership with the Iowa Attorney General's Office and the Iowa Prescription Drug Program to make sure that critical prescription psychotropic medication can be provided at no cost to those offenders who need them to remain stable as they make the transition back to the community.

8-1.6 Decrease by 30% the number of problem gamblers committing illegal acts to finance their gambling during the past 30 days of admission to discharge.

Iowa Department of Public Health

**Progress:** In the Iowa Gambling Treatment Outcomes 2013 Report (the next report will be published in the spring of 2015), 22% of clients admitted to Problem Gambling Treatment reported committing illegal acts to get money to gamble within 30 days prior to admission. Of those discharged (74) during the reporting period, 0% committed illegal acts for money to gamble within the 30 days prior to discharge.

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## Suicide

## Lead Organizations

8-1.7 Reduce the number of suicides in the Iowa Army National Guard from the 4-year total number of 9 suicides by implementing a comprehensive resilience, risk reduction, and suicide prevention plan.

Iowa Army National Guard

**Progress:** Suicides for years 2011-2014 equals 8 for members of the Iowa Army National Guard. During this same period, the number of soldiers trained in suicide intervention (ASIST) has increased to over 600 soldiers. Competition for training time amongst numerous requirements at the unit level decreases training time availability for suicide intervention training.

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## Other Plans Relating to Mental Health and Mental Disorders:

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa Strategic Plan: Strategic Prevention Framework State Incentive Grant](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

# Preparedness and Response

## What Critical Needs Are Included

Human Resource Capacity  
Planning  
Technical and Communication Capacity



## Measures of Progress

- 9-1 An increase in the number of public health emergency volunteers.**  
Target: 1,515 volunteers.  
Baseline: 1,210 volunteers (2011).  
Most Recent Data: 1,840 volunteers (2015).  
Data Source: [Iowa Statewide Emergency Registry of Volunteers](#).
- 9-2 At least one general shelter that is fully accessible to persons with disabilities in 25% of the counties.**  
Target: 25 counties.  
Baseline: 0 (2011).  
Most Recent Data: 17 (2014).  
Data Source: Iowa Department of Public Health Disability and Health Program Assessment Data (unpublished).

## What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

### Human Resource Capacity

### Lead Organizations

- 9-1.1 Increase by 25% membership (from 40 to 50 members) in the Iowa Mortuary Operations Response Team (IMORT for sustaining mass fatality operations).

Office of the State Medical Examiner (Iowa Department of Public Health)

**Progress:** The Iowa State Medical Examiner continues to make progress in recruiting members for IMORT. Currently, there are 50 members participating. The IMORT Team is in process of developing and approving job action sheets and then will move on to developing SOPs for the team.

- 9-1.2 Increase by 25% the number of volunteers registered on the Iowa Statewide Emergency Registry for Volunteers for supporting a response to a public health emergency.

Iowa Department of Public Health

**Progress:** In FY13-14, the Iowa Statewide Emergency Registry of Volunteers listed 1,804 volunteers registered. In FY14-15 (as of Jan 31, 2015), the registry showed 1,840 registered volunteers.

### Planning

### Lead Organizations

- 9-1.3 By 2014, assist county preparedness committees in identifying the tools, individuals, and resources needed to assess and develop a plan to make at least one general shelter in 25 counties fully accessible to persons with disabilities.

Center for Disabilities and Development, U of Iowa Hospitals and Clinics; Iowa Department of Public Health.

**Progress:** One general shelter in 17 counties is fully accessible to persons with disabilities.

- 9-1.4 Provide evidence that all 99 county public health agencies have joined or formed health care coalitions with appropriate local partners to provide a comprehensive, sustained response to public health emergencies.

Iowa Department of Public Health

**Progress:** Currently there are 92 counties taking part in preparedness coalitions. Work is ongoing to engage additional counties and develop multi-county coalitions.

## Technical and Communication Capacity

## Lead Organizations

- 9-1.5 Demonstrate the ability of county public health agencies to rapidly communicate public health emergency notifications to the public, stakeholders, and emergency responders.

Iowa Department of Public Health

**Progress:** The Iowa Department of Public Health administers the Iowa Health Alert Network, a web-based alerting system linking all local public health agencies, hospitals, law enforcement, emergency managers, and other stakeholders. The system can send electronic alerts via phone, fax, pager, email, or text message. Local public health agencies in Iowa have access to Alert Iowa, a statewide system capable of delivering geographic-based messages to subscribed (voluntary opt-in) recipients. Additional work is needed to ensure more individuals are signed up to receive messages. This is an Iowa Department of Homeland Security initiative and is administered locally by the county emergency manager.

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### Other Plans Relating to Preparedness and Response:

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa Strategy for Homeland Security and Emergency Management 2009-2014](#)

\*The strategy or objective will be updated in the revised Healthy Iowans to reflect current effort.

## Appendix A. Thirty-nine Critical Health Needs

### Access to Quality Health Services and Support

- Affordability
- Insurance
- Availability and Quality of the Health Care Workforce
- Health Care Quality
- Transportation

### Acute Disease

- Immunization and Infectious Disease
- Outbreak Management and Surge Capacity

### Addictive Behaviors

- Alcohol and Binge Drinking
- Drugs
- Tobacco

### Chronic Disease

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Chronic Infectious Diseases: HIV and Viral Hepatitis
- Diabetes
- Heart Disease and Stroke
- Neurological Disorders
- Respiratory Conditions

### Environmental Health

- Air Quality
- Healthy Homes

- Lead Poisoning and Screening
- Water Quality

### Healthy Living

- Healthy Growth and Development
- Nutrition and Food
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Vision and Hearing

### Injury and Violence

- Falls
- Interpersonal Violence
- Motor Vehicle Injuries and Death
- Occupational Health and Safety
- Poisoning

### Mental Health and Mental Disorders

- Co-occurring Disorders
- Mental and Emotional Well-being
- Mental Illnesses
- Suicide

### Preparedness and Response

- Human Resource Capacity
- Planning
- Technical and Communication Capacity